BURGH OF PAISLEY.

REPORT

OF THE

Public Health Department

For the year 1936.

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.

Medical Officer of Health.

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To the Provost, Magistrates and
Town Councillors of the
Burgh of Paisley.

Gentlemen,

I have the honour to submit my Report on the work of the Public Health Department for the year 1936. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Gentlemen,

Your obedient Servant.

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
Paisley, July, 1937.

Report of the Public Health Department for the Year 1936.

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1936 was 89,975; this gives an estimated increase over the figure for 1935 of 777.

Area.—The area of the Burgh is 3,538 acres. The density of population is 25.14 per acre.

Birth Rate.—There were 1,694 births; 861 males and 833 females, giving a birth rate—corrected for transfers—of 18.8 compared with 17.7 for 1935. The average rate for the past seventeen years is 21.4. The rate for the whole of Scotland was 17.9, while the average rate for the larger Scottish Burghs was 18.7.

Illegitimate Birth Rate.—This rate was 3.4 per cent of the total births. The average rate for the past sixteen years is 4.7 per cent. The rate for the whole of Scotland was 6.4 per cent., and for the larger Burghs, 5.8 per cent.

Death Rate.—The number of deaths was 1,176, giving a death rate—corrected for transfers—of 13.1. The rate for 1935 was 13.5, and the average rate for the past seventeen years is 13.6. The rate for the whole of Scotland was 13.4, while the rate for the larger Burghs was 13.8. Deaths over 65 years were 492, or 41.8 per cent of the total deaths.

The principal diseases contributing to the death rate were heart diseases, 243 deaths; cancer, 140 deaths; cerebral hæmorrhage, etc., 103 deaths; pneumonia, 82 deaths; pulmonary tuberculosis, 54 deaths; bronchitis, 55 deaths.

The number of deaths from the various forms of heart disease was easily the highest on record, and forms 20.6 per cent. of the total deaths. The deaths from cancer were the third highest on record, and form 11.9 per cent. of the total deaths. Of the total number of deaths registered during the year—1,217—no fewer than 657, or 53.99 per cent., occurred in institutions; sixteen years ago, in 1921, only 38.8 per cent. of the total deaths occurred in institutions.

Infant Mortality Rate.—Deaths under 1 year—corrected for transfers—numbered 170, giving a rate of 100 per 1,000 births. In 1935, the rate was 88, and the average rate for the past seventeen years is 97. The rate for the whole of Scotland was 82, again the lowest rate on record, while the average rate for the larger Burghs was 93.

Diseases of early infancy and malformations accounted for 75 deaths, or 44.1 per cent. of the total number. The other principal diseases contributing to this mortality rate were pneumonia, 33 deaths, diarrhœa, etc., 36 deaths, whooping cough, 8 deaths, cerebro-spinal fever, 4 deaths, and measles, 3 deaths.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of tuberculosis was 0.76, the second lowest rate on record, and the rate from pulmonary tuberculosis was 0.60; these rates for 1935 were 0.73 and 0.65, while the average rates for the last seventeen years are 1.07 and 0.76. The corresponding rates for the whole of Scotland were 0.74, and 0.55, again the lowest rates on record, and for the larger Burghs, 0.90 and 0.69.

Infectious Diseases Rate.—The rate of deaths from the principal infectious diseases was 0.76; the rate for 1935 was 0.57, while the average rate for the past sixteen years is 0.93. The rate for the whole of Scotland was 0.55, and for the larger Burghs, 0.60.

CONTROL OF INFECTIOUS DISEASES.

New Infectious Diseases Hospital.

On 7th July, 1936, the new Infectious Diseases Hospital was opened by Mrs. A. H. Glen-Coats, of Gryffe, Bridge of Weir. Provost Thomas Ballantyne, J.P., presided over a large and distinguished company. Three days later, on 10th July, the patients in Bridge Street Hospital were transferred and the new Hospital was open for the reception of patients. Thus was completed the most important public health project of recent years.

Since the Hospital was opened, it has been visited by many delegations, from England, as well as Scotland, and their unanimous opinion is that it is second to none in Britain. An extract from a recent article in "Public Health," the journal of the Society of Medical Officers of Health, may be quoted. The article was written after a visit to the Hospital paid by the Scottish Branch of the Society. "The visitors were unanimous in their opinion that Paisley's new fever hospital should be regarded as a triumph of architecture, combined with efficiency and utility. The whole appearance of the institution is pleasing in the extreme. It would well repay any Medical Officer of Health whose Authority are contemplating the erection of a fever hospital to pay a visit to Paisley."

The equipment of the Hospital, carried out by the Public Health Advisory Committee, has rightly won special praise. The Committee took the wise course of consulting the Architects as regards the main items of furnishings and equipment, with the object of ensuring that these fitted in with the general lay-out of the various buildings and particularly with the colour decoration. Far more time and thought was spent in the selection of equipment than is usually done, but the result more than justified all the work and foresight of the Committee.

The total accommodation at the new Hospital is 181 beds. There are seven separate ward pavilions as follows:—

(1) Pneumonia, 30 beds.
(2) Diphtheria, 21 beds.
(3) Whooping Cough, 20 beds.
(4) Scarlet Fever, 30 beds.
(5) Measles, 20 beds.
(6) Cubicle Block, 30 beds.
(7) Tuberculosis, 30 beds.

The pavilions for measles and whooping cough, when not required for these diseases, serve as reserve pavilions. The Cubicle Block is used for cases of Enteric Fever, Cerebro-Spinal Fever, Puerperal Fever, Erysipelas, etc., and also for observation cases and cases suffering from two diseases. With the exception of the Cubicle Block, all the wards are single storey pavilions, and all have verandahs.

The administrative buildings include the following:—Administrative Block with accommodation for Domestic Staff, Nurses' Home, Dispensary and Laboratory, Power House, Laundry Block, Garage, Mortuary, and houses for the Male Staff.

A.—Hospitals.

Infectious Diseases Hospital.—The number of cases remaining in Hospital on 31st December, 1935, was 69, the number admitted during 1936 was 1162, giving a total of 1231, compared with the total of 976 for the year 1935.

The principal diseases contributing to this total were:—Diphtheria, 356; Scarlet Fever, 258; Acute Pneumonia, 230; Measles, 121; Whooping Cough, 72; Dysentery, 71; Erysipelas, 46; Acute Meningitis, 29; Puerperal Fever and Puerperal Pyrexia, 20.

Dr. Enid M. Dixon, Resident Medical Officer, resigned her post in May, 1936, and was succeeded by Dr. Andrew B. Semple. In October, 1936, Dr. S. B. Jamieson was appointed Junior Resident Medical Officer. Thanks are due to these officers for their very capable and conscientious services, especially to Dr. Semple for all the extra work entailed by the transfer to the new Hospital. Miss Dick, Matron, and her nursing staff are again to be congratulated on an excellent record of work, especially during these arduous weeks before and after the new Hospital was opened.

Reception House, Bridge Street.—There was no occasion during the year to utilise the accommodation at the Reception House for contacts of Infectious Diseases. There is now no Reception House available, as the buildings at Bridge Street are being demolished.

Smallpox Hospital.—Cases of Smallpox, of which none occurred during the year, are treated at the West Renfrewshire Combination Hospital, near Johnstone. This Hospital serves the whole County Area, and is under the control of a Joint Committee, representative of all the Local Authorities.

B.—Infectious Diseases.

The total number of cases of Infectious Diseases—apart from Tuberculosis—was 4,521, which represents a very high incidence; in 1935, the total was 2,401. Notifiable diseases accounted for 1,369 cases, of which 448 were cases of Acute Pneumonia, 244 Scarlet Fever, 340 Diphtheria. There were 3,044 cases of diseases not compulsorily notifiable, of which 1,598 were cases of Measles, 611 Mumps, 484 Whooping Cough, 351 Chickenpox.

The Epidemic Inspector, Mr. Eaglesim, and the Epidemic Nurse, are again to be congratulated on an excellent record of work. Mr. Eaglesim retired in June with the unique and wonderful record of 53 years' service in the Public Health Department. He was succeeded by Mr. John Roxburgh, who has also given keen and conscientious service.

School Closure on account of Infectious Disease.—It was not considered necessary to recommend closing of any school or part of a school on account of Infectious Disease.

Housing and Infectious Disease.—I subjoin the usual table showing the number of cases of acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments:—

	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
Size of House.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment, ... * (14.9%).	86	20.6	42	12.7	24	10.6
Two Apartments, ... (50.3%).	222	53.1	158	48.0	121	54.0
Three Apartments, ... (21.9%).	74	17.7	90	27.3	48	21.3
Over Three Apartments, (12.9%).	36	8.6	39	11.8	31	14.1

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—The usual routine measures of disinfection included 776 mattresses for Barshaw Maternity Hospital and 47 mattresses for Woodside House. In addition to these routine measures, 64 sets of bedding, as well as many sets of

bed and body clothing, were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Pulmonary Tuberculosis, 24; Cancer, 10; Respiratory diseases, 5; Nervous Diseases, 8; Circulatory Diseases, 8; other diseases, 9.

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Infectious Diseases Hospital. In the case of Scabies, the members of 48 households were bathed and treated with sulphur ointment (Kathiolan), and their bedding and clothing were subjected to steam disinfection. On account of verminous infestation, the beds and bedding of 10 households were subjected to steam disinfection, and in other 3 households the beds, etc., were destroyed.

Modern Methods of Active Immunisation.—Since the latter months of 1926, the Nursing Staff at the Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to test their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised. In 1922, two mild cases of Diphtheria occurred, particulars of which were given in the Report for that year, and in 1935, one nurse contracted a mild attack. I subjoin brief particulars of a case occurring in 1936. "Nurse M'I. Schick Test positive, 9.8.32. Immunised. Schick Test, negative, 20.2.33. Was warded with signs of mild clinical diphtheria on 24.11.36. Positive swab. Discharged 26.12.36." Immunisation work has not yet been started at the Child Welfare Clinics.

Pneumonia.—Total notifications, 560, classified as follows:—Acute Primary Pneumonia, 448; Acute Influenzal Pneumonia, 4; Acute Pneumonia, secondary to other diseases, 108. These figures represent a high incidence. 354 cases of Acute Primary Pneumonia and Acute Influenzal Pneumonia were treated in hospital, or 78.3 per cent. of the total notifications; of these, 213 were treated in the Infectious Diseases Hospital, 63 in the Royal Alexandra Infirmary, 35 in Woodside House, and 43 in Craw Road Institution. Deaths numbered 82, giving a case mortality—for all notified cases—of 18.1 per cent., rather lower than the average figure; the case mortality in the Infectious Diseases Hospital was 13.6 per cent.; 43 deaths of the total of 82 occurred in children under five years. 108 cases of Acute Pneumonia, secondary to other diseases, were notified during the year. Practically all were cases

following measles and whooping cough, and compulsory notification, in force since 1922, enables the Health Department to get into early touch with these cases and to offer institutional treatment in the Infectious Diseases Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of Acute Pneumonia and Acute Influenzal Pneumonia. I subjoin an interesting table showing the development of the work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Infectious Diseases Hospital.	Cases Removed to Hospitals.			
				Royal Alexandra Infirmary.	Craw Road Institution and Woodside House.	Total Cases removed to Hospitals.	Percentage of Notified Cases removed to Hospitals.
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
1931	477	18.0	286	48	14	348	72.9
1932	590	20.0	246	70	41	357	60.0
1933	414	21.0	193	54	42	289	69.8
1934	500	20.0	161	109	84	354	70.8
1935	517	23.0	223	72	115	410	79.3
1936	452	18.1	213	63	78	354	78.3
Totals,	7,671		3,460	1,178	689	5,327	69.4

Taking the years 1922 to 1936, we find that the average number of notifications was 511, and the average case mortality of the notified cases was 22.6; during the same period, 45.1 per cent. of the total notified cases were treated in the Infectious Diseases Hospital, where the average case mortality was 15.3 per cent.

Scarlet Fever.—Cases notified, 244; removed to hospital, 223 or 91.3 per cent.; there were 4 deaths, giving a case mortality of 1.6 per cent., as compared with the average case mortality for the past seventeen years of 1.48 per cent. The average number of notifications for the past seventeen years is 386. In the majority of cases the type of disease

remains fairly mild, although the incidence of septic complications is high. Where home isolation is practicable, medical practitioners can be supplied with antitoxin.

Diphtheria.—Cases notified, 340; removed to hospital, 337. There were 11 deaths, giving a case mortality of 3.2 per cent., as compared with the average case mortality for the past seventeen years of 4.6 per cent. The incidence was the second highest on record, the average during the past seventeen years being 177. This higher incidence in recent years has been a fairly common feature both in England and Scotland, and a disquieting feature towards the end of 1936 and during the early months of 1937, was the high proportion of cases of a severe type. I would once again emphasise the vital importance of early diagnosis of this disease. Success in treatment depends almost entirely on the duration of the illness. The mortality for cases coming under treatment on the first or second day of illness is almost negligible, while each day's delay after the first two days causes an appreciable rise in the mortality rate. The disease is most fatal in very young children, who cannot complain of a sore throat. Further it should be remembered that a diphtheritic throat is frequently not a painful condition, and, undoubtedly, many young lives would be saved if only parents would make it an absolute rule to examine the throat of **every** ailing child—no matter what the child complained of. I would also again point out to medical practitioners the danger of relying on bacteriological examinations in suspected cases of diphtheria. When dealing with suspicious throats, more especially in young children, treatment should be commenced on clinical evidence alone, and antitoxin should be at once administered without waiting for the result of a throat swab. If the throat of an ailing child is suspicious enough to swab immediate administration of antitoxin is the only correct line of treatment. Antitoxin is always available for practitioners at the Fever Hospital.

Enteric Fever.—There were 8 notifications of this disease, the second highest number since the war. The final diagnosis of these cases was as follows:—Enteric Fever, 3; Paratyphoid "B" Fever, 5. One case of Enteric Fever died. All the cases were treated in Hospital. During 1935, there were 15 cases of this disease.

Of the total of 8 cases, 4 cases of Paratyphoid "B" Fever and 1 of Enteric Fever were infected in the County Area,

where a small outbreak occurred in the early months of the year. The Enteric case died in Hospital. No definite source of infection was traced in the other 3 cases. There were no secondary cases.

Ophthalmia Neonatorum.—Notifications number 15, as compared with 25 during 1935. Only 3 cases were proved to be due to a gonococcal infection—a very low proportion. 11 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 54 domiciliary visits to these cases, and 1 serious case was referred to the Royal Victoria Eye Infirmary, Paisley, for out-patient treatment. 2 cases were severe enough to warrant admission to the Infectious Diseases Hospital for indoor treatment. No case of impairment of vision occurred, and in that respect our record of only 1 case of blindness from this disease since 1918 is the best possible tribute to the value of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—1,598 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the medical service of the Education Authority. The incidence was the highest since the war, the average number of cases during the past seventeen years being 690. 121 cases were admitted to hospital. The type was mild and there were 17 deaths, giving a case mortality of 1.06 per cent. The average case mortality for the past seventeen years is 2.3 per cent. TheEpidemic Nurse paid 1,600 domiciliary visits in order to impress on parents the dangers of this disease, especially in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week, in order to prevent the onset of pneumonia, that very fatal complication which is the cause of practically all the deaths from Measles.

Whooping Cough.—484 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department. The average figure during the past seventeen years is 365. There were 18 deaths—17 of children under 5 years—which gives a case mortality of 3.7 per cent., a low rate, the average rate for the past seventeen years being 6.9 per cent. 586 domiciliary visits were paid to these cases. 71 cases were admitted to Hospital. Whooping Cough in young children is the most fatal of all the common infectious diseases, a fact which still requires to be impressed on parents.

Puerperal Fever and Puerperal Pyrexia.—4 cases of Puerperal Fever were notified. The average figure for the past seventeen years is 10. All the cases were treated in hospital.

33 cases of Puerperal Pyrexia were notified, of which 24 were treated in hospital.

There were 4 deaths due to Puerperal Sepsis.

Further particulars of these cases will be found in the section of the Report dealing with the Maternal and Child Welfare Service.

Chickenpox.—There were 351 notifications of this disease, which at the end of 1932 ceased to be compulsorily notifiable; this represents a lower incidence than usual, the average figure for the past seventeen years being 423. As chickenpox may be easily confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

Cerebro-Spinal Fever. 29 cases were admitted to hospital for treatment, although only 5 were notified as definite cases. There were 11 deaths.

Erysipelas.—67 cases were notified; 42 cases were treated in hospital; there were no deaths.

Mumps.—611 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; the average figure for the past seventeen years is 379.

Malaria.—1 case was notified during the year.

Dysentery.—73 cases were notified during the year, easily the highest incidence on record. An outbreak started during the last week of July and continued until the end of the year. Of the 73 cases, 39 were notified by medical practitioners and 34 by the staff of the Public Health Department. All the cases, except one, were removed to the Infectious Diseases Hospital.

Course of outbreak—

Notification January to June,				1
Notifications during month of	July,			5
,, ,, ,,	August,			14
,, ,, ,,	September,			19
,, ,, ,,	October,			18
,, ,, ,,	November,			8
,, ,, ,,	December,			8

Age and Sex Incidence—

	Males.	Females.	Totals.
0-5 years, ...	24	16	40
5-15 years, ...	7	9	16
15-25 years, ...	3	5	8
25-45 years, ...	3	2	5
Over 45 years, ...	2	2	4
	39	34	73

Number of houses affected, ... 42

1 case occurred in 24 houses.
2 cases occurred in 10 houses.
3 cases occurred in 5 houses.
4 cases occurred in 2 houses.
5 cases occurred in 1 house.
One case was notified from an Institution.

Size of houses affected—

1-apartment houses, ...	8
2-apartment houses, ...	23
3-apartment houses, ...	10
4-apartment houses, ...	1

Location of Houses affected—

14 houses were in North District.
6 houses were in South District.
7 houses were in East District.
15 houses were in West District.

Sanitary Accommodation of houses affected—

9 houses had an inside W.C.
33 houses used a W.C. in common with other tenants.

Results of bacteriological examinations—

21 cases were negative.
15 cases were due to B. Flexner.
37 cases were due to B. Sonne.

Mortality. 3 cases died in hospital.

The first cases notified were located in one street in the West District, and all the houses there were at once visited. Towards the end of August, another group of cases was notified from one street in the North District, and all the 80 houses in the street were visited. In both cases, specimens of fæces were obtained from all persons with a history of suspicious illness. Late in October, 7 cases were notified from another street in the North District and visitation of all houses was again carried out. With the exception of these three "groups" of cases, no probable or common source of infection was discovered. Milk and food supplies could be definitely excluded. The three "groups" of cases were located

in poor overcrowded tenement property, and it is probable that the spread of infection was facilitated by the common use of W.Cs., and by the fact that the children in these districts more or less live and play in each others' houses. Fortunately, the type of disease in the great majority of cases was mild.

The incidence and mortality of Enteritis in young children has risen definitely in the last few years. It is possible—in my opinion, probable—that a mild type of Dysentery has been prevalent in Paisley during the last few years and has been regarded as Enteritis. In a large number of cases, during the 1936 outbreak, especially in young children the diagnosis was purely bacteriological.

Influenza.—4 deaths from this disease occurred during the year, which indicates a low prevalence.

Smallpox, Typhus Fever, Plague, Cholera, Relapsing and Continued Fevers, Malaria, Infective Jaundice, Acute Poliomyelitis, Encephalitis Lethargica.—No cases occurred during the year.

VACCINATION.

The unsatisfactory provisions of the Vaccinations Acts continue to be responsible for a large proportion of the population remaining unvaccinated. Mr. W. L. Campbell, Registrar, reports that for the year 1935, only 415 infants, or 26.24 per cent. of the total births (1582), were successfully vaccinated. "Conscientious objectors" numbered 914, or 57.7 per cent. of the total births.

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. Since the war this work has steadily increased, especially during the last few years. In 1920 examinations numbered 707; for 1930, the total was 1,284; for 1934, the total was 3,607; for 1935, the total was 2240. During 1936, total examinations numbered 2919, the second highest total on record.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria,	2,321	497	1,824
Enteric Fever,	23	4	19
Tuberculosis,	281	81	200
Venereal Diseases,	73	9	64
Cerebro-Spinal Fever,	50	13	37
Other Diseases,	171	28	143
	2,919	632	2,287

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.	Education Authority.
Maternal and Child Welfare Department.	Minor Ailments Clinic.
Tuberculosis Department.	Special Treatment Clinic.
Disinfection Department.	Dental Clinic.
X-Ray Department.	Remedial Exercises Clinic.
Artificial Sunlight Department.	Office Accommodation.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) BIRTHS.

(a)	Number registered (corrected for transfers, 1,694), ...	1,693
	(1) Legitimate, ...	1,634
	(2) Illegitimate, ...	59
(b)	Number notified (including still-births), ...	1,715
(c)	Number registered, but not notified, ...	45
(d)	Number classified according to nature of attendance:	
	(1) Doctor, ...	484
	(2) Midwife, ...	530
	(3) Institution, ...	746
(e)	Number of still-births, ...	72

The number of still-births is about the average figure; in 1935, the number was 63. An analysis of the probable causes of these still-births will be found in Part II. of this report;

effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) Infantile Mortality.

(a) Number of deaths (corrected for transfers, 170), — 155
(b) Rate per 1,000 births (corrected for transfers), — 100
(c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:

Age Groups.	No. of Deaths.	Rate per 1,000 Births
Under 1 week,	44	26.00
1 week and under 4 weeks,	19	11.22
4 weeks and under 3 months,	25	14.76
3 months and under 6 months,	23	13.58
6 months and under 12 months,	44	26.00

Causes of Death.	No. of Deaths.	Rate per 1,000 Births
Chickenpox,	0	0.00
Measles,	2	1.18
Scarlet Fever,	0	0.00
Whooping Cough,	4	2.36
Diphtheria and Croup,	0	0.00
Erysipelas,	0	0.00
Tuberculous Diseases,	1	0.59
Meningitis (not Tuberculous),	3	1.77
Hydrocephalus,	1	0.59
Pneumonia (all forms),	27	15.94
Bronchitis,	3	1.77
Convulsions,	6	3.54
Diarrhœa and Enteritis,	32	18.90
Other Digestive Diseases,	0	0.00
Congenital Malformations,	7	4.13
Congenital Heart,	0	0.00
Premature Birth,	36	21.25
Atrophy, Debility and Marasmus,	24	14.16
Atelectasis,	0	0.00
Injury at Birth,	1	0.59
Suffocation, overlaying,	1	0.59
Syphilis,	0	0.00
All other causes,	7	4.13

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis again emphasises the need for effective ante-natal supervision of the expectant mother if the continued heavy-neo-natal mortality rate is to be reduced. 32 deaths from diarrhoea and enteritis is the highest number for many years. Quite clearly, more intensive educational work is necessary if we are to reduce the mortality of what is mainly a preventable disease. As already recorded, 73 cases of dysentery were notified during the year, and it is possible that a proportion of the deaths from diarrhoea and enteritis were really due to dysentery.

(5) Maternal Mortality.

(a)	Number of deaths resulting from miscarriage or childbirth (including puerperal sepsis), ...	8
(b)	Number of deaths resulting from puerperal sepsis, ...	4

The number of maternal deaths during 1936—8—gives a maternal mortality rate of 4.72 per 1,000 births; in 1935 this rate was 8.84. The average rate for the past 17 years is 5.78. Of the 8 maternal deaths, 4 resulted from puerperal sepsis, as compared with 7 during 1935, the puerperal sepsis death rate being 2.36 as compared with an average rate for the past 17 years of 2.07 per 1,000 births.

(4) Report Under Midwives (Scotland) Act, 1915.

This will be found under Part II. of the Report. There are 17 midwives on the local roll, of whom 9 hold the C.M.B. Certificate or its equivalent. 30.1 per cent. of the total number of births were attended by midwives.

(5) Home Visitation.

	Number Visited.	Total Visits.
Infants, ...	2,847	6,905
Children (1-5 years), ...	2,198	7,247
Expectant Mothers, ...	197	423
	5,242	14,575

The total number of home visits is 679 fewer than the number paid during 1935. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health visitors will be increased, in order that this important branch of the work will receive the attention which its importance merits. At present the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) Voluntary Health Visitor's Report.

There are no Voluntary Health Visitors.

(7) Ante-Natal Consultations.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts 3-3½ hours; the total number of sessions was 150.

(a)	Total number of expectant mothers attending,		935
	Re-attending from 1935,	142	
	New Patients,	793	
(b)	Total number of attendances,		4,510
(c)	Classified summary of conditions found:—		
	Albuminuria		14
	Anaemia,		40
	Bad Obstetric History,		1
	Respiratory Conditions,		42
	Cardiac Disease,		22
	Chorea,		1
	Chronic Nephritis,		2
	Dental Caries,		68
	Debility,		27
	Digestive Disorders,		98
	Doubtful Pregnancy,		17
	Goitre,		1
	Gynaecological Conditions,		16
	Incomplete Abortion,		2
	In Labour,		2
	Malpresentation,		17
	Malposition of gravid uterus,		2
	Minor Ailments,		154
	Missed Abortion,		1
	Multiple Pregnaney,		5
	Normal Pregnancy,		231
	Not Pregnant,		5
	Pyelitis,		8
	Previous Miscarriage or Still-Birth,		1
	Skin Conditions,		3
	Threatened Abortion or Miscarriage,		6
	Tuberculosis,		2
	Varicose Veins,		24
	Venereal Disease,		4
	Vaginal Discharge—non Venereal,		13
	Pseudocyesis,		1
(d)	Number of cases:—		
	(1) Referred to Ante-Natal Ward,		87
	(2) Treated at Clinic,		848
(e)	Sources from which new cases were drawn:—		
	(1) Recommended by Doctor,		76
	(2) Recommended by Midwife,		150
	(3) Recommended by Health Visitors,		6
	(4) Came of own accord,		561

The total attendances at the ante-natal clinics numbered 32 fewer than the record total for 1935. The number of mothers attending was 16 less than the record total for 1935. This ante-natal work is bound to develop further in view of the gradual education of the expectant mother, and also on account of the rule of Central Midwives' Board, which makes it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only of puerperal

morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

(8) Post-Natal and other Consultations.

(a)	Total number of patients,			617
	New patients,	326		
	Old patients re-attending,	291		
(b)	Total number of attendances,			3,193
(c)	Conditions found:—			
	Agalactia,			122
	Anaemia,			25
	Cardiac Disorders,			1
	Cracked Nipples,			10
	Gynaecological Conditions,			1
	Debility,			103
	Dental Caries,			22
	Digestive Disorders,			9
	Haemorrhoids,			3
	Healthy,			256
	Mastitis,			10
	Minor Ailments,			36
	Respiratory Conditions,			8
	Skin Conditions,			6
	Tuberculosis,			2
	Vaginal Discharge,			3

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

New Post-Natal Clinic.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic, which is held on Thursday afternoon, was started primarily to provide post-natal supervision for the mothers confined in Barshaw Hospital, especially for those who had no family doctor. I subjoin the report of the year's work which has been prepared by Dr. Margaret C. Gibson.

(a)	Total number of patients attending,			379
	Re-attending from 1935,	34		
	New patients,	345		
(b)	Sources from which cases were drawn:—			
	Referred from Barshaw Hospital,			335
	Referred by Medical Practitioners,			6
	Referred by Public Health Staff,			3
	Referred by Midwife,			1
(c)	Total number of attendances,			1,166
(d)	Summary of conditions found:—			
	Albuminuria,			12
	Anaemia and Debility,			1
	Cardiac Disease,			1
	Cystitis,			3
	Cystocele and Rectocele,			2

	Minor Ailments,	66
	Pregnant,	2
	Respiratory Diseases,	2
	Healthy,	4
	Subinvolution,	8
	Mastitis,	3
	Satisfactory,	83
	Dysuria,	5
	Retroflexion,	1
	Retroversion,	6
	Anaemia,	27
	Debility,	138
	Inflamed Breasts,	1
	Cracked Nipples,	1
	Skin Condition,	1
	Blepharitis,	1
	Digestive Disorders,	5
	Abortion,	1
	Rheumatism,	1
	Leucorrhoea,	1
	Did not wait,	3
(e)	Number of cases:—	
	Referred to other Clinics,	0
	Referred to Hospital,	4
	Referred to X-Ray Department,	0
	Treated at Post-Natal Clinic,	375

Compared with 1935, total attendances showed an increase of 351, and there was also an increase of 69 in the number of mothers attending. Mothers still, however, require to be educated regarding the real preventive value of post-natal supervision. Six years' working of the new Clinic has shown that fully 45 per cent of the mothers attending required some form of treatment, of whom fully 20 per cent. required treatment for conditions directly due to pregnancy and parturition. At the Post-Natal Clinic, such conditions can be recognised at an early stage, and treatment can then be more effective.

(9) Child Welfare Consultations.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 356.

(a)	Number of children attending:—			
	(1) Under one year of age,			1,057
	(a) New patients,		788	
	(b) Patients re-attending,		269	
	(2) Over one year of age,			1,632
	(a) New patients,		370	
	(b) Patients re-attending,		1,262	
(b)	Total number of attendances:—			
	(1) Under one year of age,			7,519
	(2) Over one year of age,			8,280

(c)	Summary of conditions found:—	
	Acquired Deformities,	1
	Adenitis,	25
	Birth Injury,	3
	Congenital Defects,	4
	Debility,	318
	Dental Caries,	151
	Diseases of the Skin,	218
	Diseases of the Nervous System,	1
	Ear Affections,	42
	Throat and Nose Disorders,	98
	Eye Conditions,	55
	Engorged Breasts,	17
	Gastro-intestinal Disorders,	304
	Genito-urinary Disorders,	15
	Icterus Neonatorum,	3
	Infectious Diseases,	24
	Injury,	11
	Intestinal Parasites,	31
	Mental Defects,	2
	Minor Ailments,	36
	Phimosis,	75
	Prematurity and Birth Debility,	24
	Respiratory Disorders,	328
	Rickets,	33
	Under Weight,	121
	Stomatitis,	11
	Surgical Conditions (excluding nose and throat)	32
	Tuberculosis,	2
	Umbilical Condition,	42
	Vaginitis,	1
	Healthy Children,	653
(d)	Number of surgical dressings,	345
(e)	Cases referred to Hospital:—	
	(1) For operation,	191
	(2) For consultation,	15
	(3) For observation or medical treatment,	6

Total attendances numbered 15,799 as compared with 14,674 during 1935—this is again a record total. It would be helpful if more time was available to develop the very important educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

Rickets.

The incidence of this disease at the Child Welfare Clinics during 1936 is subjoined, and may be compared with the figures for the previous three years.

	1933	1934	1935	1936
Total number of cases,	41	53	41	38
New cases,	22	29	32	19
Old cases re-attending,	19	24	9	19

A definite decrease in the number of new cases is to be noted this year, and generally the incidence in recent years is lower.

I subjoin the usual statistical data relating to the 19 new cases attending during the year:—

(1)	**Classification:**	
	Early,	3
	Medium,	11
	Advanced or late,	5
(2)	**Age Incidence:**	
	6 to 9 months,	5
	9 to 12 months,	10
	12 to 18 months,	4
	18 to 24 months,	0
(3)	**Modes of Feeding:**	
	Breast fed at birth,	14
	Partly breast fed at birth,	0
	Bottle fed,	5
	Breast fed babies weaned earlier than 3rd month,	4
	Breast fed babies weaned between 3rd and 6th month,	4
	Breast fed babies weaned between 6th and 12th month,	5
	Breast fed babies weaned after 12th month,	1
(4)	**Question of Employment of Husband:**	
	Husband in steady employment,	3
	Husband on short time,	3
	Husband unemployed for a few months,	2
	Husband unemployed for 1 year,	1
	Husband unemployed for 2 years,	10
(5)	**Housing Accommodation:**	
	Lodgings,	6
	1-apartment houses,	3
	2-apartment houses,	8
	3-apartment houses,	2

The Health Visitors on their first visit to a house after a baby arrives leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular attendance can be secured. During 1936, 30 cases received this treatment at the Russell Institute; of these 25 cases improved under treatment, and 5 cases ceased attendance prematurely.

(10) Special Treatment Centres.

(1) **Dental Clinic:**

(a)	Number of attendances, ...		1,183
	(1) Mothers, ...	471	
	(2) Children, ...	712	
(b)	Number of dentures supplied, ...		0
(c)	Summary of Work:—		

	New Cases	Attend'ces.	Extractions.	Fillings.	Dressings, etc.
Mothers, ...	151	471	444	4	55
Children, ...	242	712	310	114	243
Totals, ...	393	1,183	754	118	298

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The number of new patients is 27 fewer than during 1935. but the further increase in the number of mothers is very welcome. Total attendances show an increase of 107 compared with 1935. The extractions carried out involved the giving of 581 local anæsthetics.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes:**

(a)	Number of cases, ...	55
(b)	Classified summary of conditions treated:—	
	Acute conjunctivitis, ...	15
	Blepharitis, ...	24
	Hordeola, ...	2
	Ophthalmia neonatorum, ...	3
	Strabismus, ...	8
	Myopia, ...	1
	Meibomian Cyst, ...	2

(3) **Ear, Nose and Throat:**

(a)	Number of cases, ...	152
(b)	Summary of conditions:—	
	Otorhœa, ...	40
	Enlarged tonsils and adenoids, ...	95

Adenoids,	2
Rhinitis,	5
Tonsilitis,	5
Nasal Diphtheria,	2
Earache,	3

(4) **Artificial Sunlight Clinic—Child Welfare Cases:**

(a)	Number of attendances,	2,281
(b)	Number of cases,	111
	Old cases re-attending,	36
	New cases,	75

(c) Note of conditions treated and results obtained:—

Dr. Susan M. MacMurray, who is in charge of this work, submits the following report:—

No. of Cases.	Condition.	Result.
5	Adenitis.	Well.
4	Adenitis.	Improved.
3	Adenitis.	Ceased attending prematurely.
1	Birth injury.	General condition improved.
1	Bronchitis.	Well.
6	Bronchitis.	Improved.
1	Bronchitis.	Ceased attending prematurely.
6	Debility.	Well.
27	Debility.	Improved.
15	Debility.	Ceased attending prematurely.
2	Debility.	Condition unchanged.
1	Eczema.	Improved.
9	Rickets.	Well.
16	Rickets.	Improved.
5	Rickets.	Ceased attending prematurely.
1	T.B. Abdomen.	Well.
1	T.B. Abdomen.	Ceased attending prematurely.
1	Paresis R. leg.	Well
1	Paresis R. leg and arm.	Improved.
1	Marasmus.	Improved.
1	Nervousness.	Improved.
1	Total Alopecia.	Improved.
1	Unresolved pneumonia.	Well.
1	Neuritis R. arm.	Well.

School Children (excluding Tuberculous cases) referred by School Medical Officer:

(a)	Number of attendances,	353
(b)	Number of cases,	12
	Old cases re-attending,	3
	New cases,	9

(c) Note of conditions treated and results obtained:—

No. of Cases.	Condition.	Result.
1	Adenitis.	Well.
1	Adenitis.	Improved, continuing treatment.
1	Chorea.	Well.

2	Bronchitis.	Improved, continuing treatment.
2	Bronchitis.	Ceased attendance prematurely.
1	Alopecia.	Well.
1	Lupus.	Improved, continuing treatment.
2	Debility.	Improved, continuing treatment.
1	Debility.	Ceased attendance prematurely.

The work at this clinic again showed a slight increase, total attendances being 2,634, compared with 2,563 during 1935. Child welfare cases showed a decrease of 47, and school children an increase of 118.

(11) Day Nurseries, Kindergartens, and Play Centres.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which otherwise would have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for Children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street, and this new venture continues to be very popular and carries on most admirable work, which has real educative value. The Local Authority and the Education Committee of the County Council give grants in aid of the work of the Centre. The Committee intend to establish another Play Centre in the North District.

(12) Food and Milk.

(a)	Number of persons in respect of whom applications were made for food or milk:—		
	(1) Mothers, ...		56
	(2) Children, ...		90
(b)	Number of cases certified on medical grounds as requiring food or milk:—		
	(1) Mothers, ...		56
	Expectant, ...	7	
	Nursing, ...	49	
	(2) Children, ...		90
(c)	Number of cases under (b) certified as necessitous:—		
	(1) Mothers, ...		56
	(2) Children, ...		90

For details of above, see table on page 106.

As in former years, I have to record a generous bequest of £20 from the Peter Brough Bequest Fund, and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

(13) Measles.

(a)	Number of cases notified (not compulsorily notifiable), ...	1,598

(b)	Number of deaths,	17
	(1) From Measles,	0
	(2) From Sequelæ,	17
(c)	Number of cases removed to hospital,	121
(d)	Number of domiciliary visits,	1,600
(e)	Details of special staff, if any, engaged for epidemics:—	
	An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time, if necessary, to home visitation.	

(14) Whooping Cough.

(a)	Number of cases notified (not compulsorily notifiable),	484
(b)	Number of deaths,	18
	(1) From Whooping Cough,	0
	(2) From Sequelæ,	18
(c)	Number of cases removed to Hospital,	71
(d)	Number of domiciliary visits,	586
(e)	Details of Special staff, if any, engaged for epidemics: see note under "Measles."	

(15) Ophthalmia Neonatorum.

(a)	Number of cases notified,	15
	(1) By doctor,	2
	(2) By midwife,	11
	(3) By institution,	3
(b)	Number of cases in which infection was gonococcal,	3
(c)	Number treated in residential institution,	2
(d)	Number of cases in which there was appreciable loss of vision,	0

1 case was treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) Maternity Hospitals.

(18) Hospitals for Sick Children.

New Maternity Hospital.

In April, 1935, the Town Council agreed by a substantial majority to approve of the scheme for a new Maternity Hospital to be erected on the Hawkhead Estate, the new Hospital to form the nucleus of the future Municipal General Hospital for all purposes excepting Infectious Diseases. Since then, correspondence on the subject of the site has proceeded between the Town Council and the County Council, who were the joint owners of the Hawkhead Estate, until the formation

of the recently-constituted Joint Committee. In February, 1936, the Joint Committee agreed to the proposals of the Town Council, but the County Council did not intimate their agreement until April, 1937. In May, 1937, the Town Council appointed as Architects for the new Hospital, the firm of Messrs. Sir John Burnett, Tait & Lorne, who had been the architects for the new Infectious Diseases Hospital. The new Hospital will certainly demand the best available skill. It will require to be laid out from the beginning to allow of gradual expansion in future years to at least 300 beds.

It is probable that the various stages of the evolution of the future Municipal General Hospital at Hawkhead will be somewhat on the following lines:—

(1) The provision of 50 beds for maternity beds and 20 beds for children to replace and increase the present accommodation at Barshaw Hospital. The provision of 50 maternity beds will also allow mothers at present treated in Woodside House to be confined at the new Hospital. The institutional provision for maternity cases will thus be centralised.

(2) The second stage will be the provision of additional wards for children, primarily for the sick children at present treated in Woodside House. Institutional provision for sick children will thereby be centralised.

(3) The third stage will be the provision of wards, as and when required, for general medical and surgical cases. This stage will only be proceeded with when the accommodation at Craw Road Institution becomes definitely inadequate, and when the Directors of the Royal Alexandra Infirmary cannot see their way to provide increased accommodation for such cases.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

A full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland has been prepared by Dr. Margaret C. Gibson, and will be found in Part II. of the report. Medical practitioners will find the clinical notes of special interest. Here, I need only refer to the principal figures, and comment briefly on the year's work.

Maternity Wards—30 Beds.

	1922	1932	1933	1934	1935	1936
Number of admissions, ...	233	622	669	688	695	815
Ante-natal, ...	83	201	194	183	170	181
In labour, ...	147	387	443	485	509	599
Post-natal, ...	3	7	2	11	5	13
Abortions, ...	11	27	30	9	11	22

The year under review again shows a record total of admissions. Of the total, 288 were sent to hospital by Medical Practitioners, and 527 were referred from the ante-natal clinics. No cases were admitted from outwith the Burgh.

The ante-natal ward continues to serve as a valuable and very necessary adjunct to the ante-natal clinics. 181 cases were admitted during 1936, but, as has already been pointed out, the residence of these cases had to be seriously curtailed in order to make room for patients in labour. In addition to the 3 weekly ante-natal clinics held at the Russell Institute, another weekly clinic is held at the Hospital, where the Resident Medical Officer sees patients referred to her by Medical Practitioners for advice and treatment. During 1936, 1900 attendances were recorded at this clinic by 246 patients; this is a record total and a tribute to the relations between the Local Medical Practitioners and the Resident Medical Officer.

The number of cases of abortion treated was 22, the third lowest number on record, and due entirely to the lack of accommodation for such cases. Since the opening of the Hospital in 1921, there have been 2 deaths due to abortion among the 473 cases treated. When no accommodation is available at Barshaw, such cases can usually be accommodated at the Royal Alexandra Infirmary, or at Craw Road Institution.

The number of confinements was 656, easily the highest total on record; in 1935 this figure was 574. There were 458 normal deliveries without medical assistance, 96 normal deliveries requiring some form of medical assistance, and 102 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 2.28 per cent., the rate for normal deliveries 1.44 per cent., and the rate for abnormal deliveries 6.8 per cent.; the corresponding rates for 1935 were 1.9 per cent., 1.9 per cent., and 2.8 per cent. If extra-genital cases of morbidity are excluded, the rate for normal deliveries is 0.54 per cent, and for abnormal deliveries 2.8 per cent. Details of these cases and their classification will be found in Part II. of the Report.

There were 39 still births, giving a rate of 5.83 per cent.; in 1935 this rate was 6.09 per cent., and in 1934 5.8 per cent. The neo-natal death rate—deaths of infants under 8 days—was 3.17 per cent., compared with 2.4 per cent. in 1935, and 3.07 per cent. in 1934.

There were 3 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.37 per cent., as compared with 0.43 per cent. in 1935, and 1.01 per cent. in 1934. The maternal mortality rate per thousand live births was 4.77; in 1935 this rate was 5.56 and in 1934 14.4. The causes of the 3 deaths were Obstetric Shock, Pulmonary Embolism, and Pelvic Peritonitis.

Dr. Donald M'Intyre, Consultant Obstetric Surgeon, was called to the Hospital on 30 occasions, and his work may be summarised as follows: 69 consultations, 5 minor operations and 15 major operations.

Dr. Margaret C. Gibson has earned sincere congratulations for a fine record of work during the year. In April, 1936, Miss Wells, Matron, resigned her appointment and was succeeded by Miss Agnes M. Marr. The nursing staff deserve sincere thanks for the very capable way in which they tackled the work throughout a record year.

Children's Ward—10 Beds.

Since 1926, owing to the increased demand for accommodation for Maternity cases, there has only been one ward of 10 beds available for children, and this has been used chiefly

for minor surgical cases referred from the Child Welfare Clinics.

The number of admissions was 270, compared with 211 in 1935, of these, 50 were medical cases, and 220 were surgical cases. The average duration of residence was 12.8 days for the medical cases, and 6.6 days for the surgical cases. 31 cases were recommended for admission by medical practitioners. 204 cases were referred from the Child Welfare Clinics, while 25 infants were transferred from the Maternity Wards, and 10 were admitted along with their mothers. There were 13 deaths, 3 surgical and 10 medical, the causes of death being Acute Miliary Tuberculosis (1), Chloroform Poisoning after Tonsillectomy and Herniotomy (2), Enteritis (2), Marasmus (1), Meningocele (2), Debility (2), Otitis Media (1), Meleana Neonatorum (1), Prematurity (1).

Of the 50 medical cases, 12 were cases of prematurity, 9 Debility, 11 "born before arrival," 5 vomiting and losing weight.

The surgical work showed a slight increase, 230 operations, chiefly of a minor nature, being performed, as compared with 202 during 1935. Operations on "indoor" cases numbered 208, while "outdoor" cases numbered 22; "outdoor" cases are not formally admitted to Hospital, but are brought there early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 139 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5 or 6 days. The work also included 53 cases of circumcision, 12 inguinal Hernia, and 6 cases of talipes. Apart from operations, the "outdoor" work involved 28 consultations with Dr. George Millar, Surgical Specialist to the Children's Ward. Thanks are due to Dr. Millar for very efficient work which adds definitely to the value of the work at the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority receive at least £2 as Maternity Benefit. During 1936, £1,360 was collected as compared with £1,154 in 1935; £1,126 in 1934; and £1,224 in 1933.

I subjoin the current scales of contributions which were approved by the Local authority in March, 1932:—

Scale of Contributions for Maternity Cases.

(1) Cases under necessitous scale, with no maternity benefit—No charge.

(2) Cases under necessitous scale, with maternity benefit—30/- per case.

(3) Non-necessitous cases with income under 40/- per week, plus maternity benefit—42/- per case.

(4) Non-necessitous cases with income between 40/- and 50/- per week, plus maternity benefit—54/- per case.

(5) Non-necessitous cases with income between 50/- and 60/- per week, plus maternity benefit—68/- per case.

(6) Non-necessitous cases with income over 60/- per week, plus maternity benefit—95/- per case and upwards.

(7) Cases receiving two maternity benefits—20/- extra per case.

Scale of Contributions for Ante-natal, etc., Cases.

(1) Cases under necessitous scale—No charge.

(2) Non-necessitous cases with income under 40/- per week—4/- per week.

(3) Non necessitous cases with income between 40/- and 50/- per week—6/- per week.

(4) Non-necessitous cases with income between 50/- and 60/- per week—11/6 per week.

(5) Non-necessitous cases with income over 60/- per week—20/- per week and upwards.

NOTE.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

(17) Homes for Unmarried Mothers.
(19) Convalescent Homes.
(20) Boarding-out.
(21) Home Helps.
(22) Educational.
(23) Note of Other Agencies Associated with the Scheme.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Woodside House for unmarried mothers, and particulars of that work will be found later in the Report. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland), 1929.

These regulations came into force on 1st October, 1929.

(1)	Total number of cases :—	
	(a) Puerperal Fever,	4
	(b) Puerperal Pyrexia,	29
(2)	Total number of cases removed to the Infectious Diseases Hospital,	31
	(a) Puerperal Fever,	4
	(b) Puerperal Pyrexia,	27
(3)	Total number of deaths :—	
	(a) Puerperal Fever,	4
	(b) Puerperal Pyrexia,	1
(4)	Number of cases of instrumental delivery :—	
	(a) Puerperal Fever,	0
	(b) Puerperal Pyrexia,	5
(5)	Number of deaths occurring under (4) :—	
	(a) Puerperal Fever,	0
	(b) Puerperal Pyrexia,	1

(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners :—

	Puerperal Fever.	Puerperal Pyrexia.
(a) Consultant service,	0	1
(b) Bacteriological Examinations.	0	0
(c) Skilled nursing at home,	0	7
(d) Hospital treatment,	4	27

The Peter Brough District Nurses paid 87 visits to these cases.

(25) Other Provisions.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia, Enteritis and Ophthalmia Neonatorum.

Midwives and Maternity Homes (Scotland) Act, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There is one registered Maternity Home in the area—a Private Nursing Home which has five rooms available for maternity cases. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Susan M. MacMurray and the staff of Health Visitors, who tackled their duties most effectively throughout the year.

PREVENTION AND CONTROL OF TUBERCULOSIS.

STAFF.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is responsible for all the clinical work under the scheme. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to the Infectious Diseases Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are, of course, obvious.

Incidence of the Disease.

The principal statistics for the year are as follows:—

Pulmonary Tuberculosis.—At the beginning of the year, there were 366 cases under observation; 89 cases were notified during the year; there were 54 deaths; at the end of the year, 304 cases remained under observation. 123 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.60 per thousand; in 1935 this rate was 0.65 per thousand; the average rate for the past 17 years is 0.76 per thousand.

The number of notifications was well below the average number, which for the past 17 years is 119.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 292 cases under observation; 42 cases were notified during the year; there were 14 deaths; at the end of the year 272 cases remained under observation. 30 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was the same as in 1935 and was the lowest on record; it was well below the average number, which for the past 17 years is 72.

The death rate for all forms of tuberculosis was 0.76 per thousand; in 1935, this rate was 0.73 per thousand, the lowest rate on record; the average rate for the past 17 years is 1.07 per thousand.

Age Incidence of Cases Notified during 1936.

Age Periods	Pulmonary.	Non-Pulmonary.
Under 1 year,	0	1
1 to 5 years,	1	5
5 to 15 years,	6	20
15 to 25 years,	26	5
25 to 45 years,	33	9
45 to 65 years,	22	2
Over 65 years,	1	0

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:—

Abdomen,	9
Meninges,	7
Glands,	7
Bones,	2
Joint,	9
Spine,	2
Generalised,	1
Eyes,	0
Abscesses,	2
Genito-urinary,	3
Skin,	0

As regards occupation, the principal figures are as follows—

Scholars,	20
Houseworkers,	24
Labourers,	13
Threadworkers,	9
Factory Workers,	5
Engineers,	5

Housing and Economic Factors.

The following table shows the relation of the housing and economic factors to the incidence of 107 cases notified and investigated during the year:—

Houses	No. of Cases.	P'c'tage. of Total Cases.	Average No. of Inmates.	Weekly Household Income. Under £2	Between £2 & £3	Over £3
1 apartment * (14.9%)	9	8.4	3.1	7	2	0
2 apartments, ... (50.3%)	55	51.4	4.8	13	34	8
3 apartments, ... (21.9%)	34	31.8	5.5	1	18	15
Over 3 apartments, ... (12.9%)	9	8.4	6.3	0	2	7

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, death registered cases, etc., numbered 24.

Investigation was also made regarding the sleeping accommodation of 107 cases notified during the year, and the results may be summarised as follow:—

(1) At the time of notification, 69 cases shared a bed.

(2) At the time of notification, 18 cases occupied a bed alone but shared a room.

(3) At the time of notification, 20 cases were the sole occupants of a room.

The allocation of tenants for the recent housing schemes, undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, was left in the hands of the Medical Officer of Health, and the Sanitary Inspector. In recent years the opportunity has been taken—up to 1st June, 1937—to re-house 228 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. There are still about 200 applications for re-housing from tuberculosis families remaining to be dealt with, and it is hoped to get most of these families re-housed within the next few years, as the Local Authority have agreed to allocate 15 per cent. of their new houses to such cases.

Review of the Year's Work.

The work carried out during the year may be reviewed under three headings:—

(1) Domiciliary Treatment.

(2) Dispensary Treatment.

(3) Institutional Treatment.

Domiciliary Treatment.

Owing to the high percentage of one—and two—roomed houses in Paisley—65.2 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 36 cases receiving help in this way during 1936. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £74 12s. 6d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies, whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1936 there were 55 recipients on the roll of this Fund, during the year 11 new cases received assistance, and at the end of the year 53 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £562.

(2) **The Renfrewshire Memorial to the late King Edward.**—This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1936, 105 new applications were granted as follows:—14 patients received assistance in the shape of rent payments; 63 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 4 patients received dental treatment; 21 patients were provided with bed and bedding; 3 patients received miscellaneous benefits. £448 was spent on these various services during 1936.

(3) **The United Services Fund, Earl Haig Fund, etc.**—These Funds are administered by the Paisley Ex-Servicemen s Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants are usually recommended in the first place by the Public Health Department. Mrs. A. C. Wilson, honorary secretary and treasurer, reports that, during 1936, roughly £146 was spent on about 70 tuberculous ex-Servicemen and their dependents, providing clothing, bedding, furniture, and extra nourishment.

All applications for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1933	1934	1935	1936
Total Attendances, ...	2,057	2,106	1,750	1,526
Average Monthly Attendances,	171	175	146	127
Primary Consultations, ...	354	313	239	229

Of the new cases, 25 came to the Dispensary of their own accord, 89 were referred by medical practitioners, 74 by the Public Health Staff, 4 by the School Medical Officers, 4 from the Royal Alexandra Infirmary, while 33 patients were referred on their discharge from hospitals and sanatoria. It is noteworthy that 70 cases, or 53 per cent., were notified after consultation with Dr. Whiteford.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 592 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight Treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, again made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register 35 observation cases, and also 72 notified cases who no longer required supervision.

X-Ray Diagnosis.

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

Dr. Whiteford's Report is as follows:—

"During 1936, the work in the X-Ray Department at the Russell Institute kept at the high level reached in 1935. 1,130 patients were submitted for diagnosis, as compared with 1,138 during 1935; of that number, 254 were referred by local practitioners, 308 by officers of the Burgh Health Department and 568 by the Renfrewshire County Health Department. 1,598 plates were taken, as compared with 1,628 plates during 1935.

"The small drop in the number of patients, viz., 8, as compared with the total for 1935, is remarkable in face of the fact that the County Public Health Department made good use of their recently acquired portable X-ray apparatus. But for this fact, the total of patients referred for diagnosis to the Russell Institute would have been even higher than that attained during 1935.

"The twice-weekly sessions of the X-ray Diagnostic Clinic are as formerly—Monday forenoon, at 11 a.m., mainly for radiography of bone conditions, and pelvic investigations for the Ante-Natal Clinics; and Thursday afternoon at 2 p.m., for chest radiography. The Thursday clinic is followed by the Pneumothorax Clinic, when refills for ex-hospital patients are carried out. This procedure entails screening of the patient's chest to control the degree of collapse of the lung, and periodic plating, so as to have a permanent record of the condition of the collapsed lung. The number of screenings done during the year was 114 for Burgh cases, and 148 for County cases—a total of 262, compared with 149 during 1935.

"The table below gives the sources from which the 1,130 cases were drawn, and an analysis of the various conditions dealt with:—

	Chest	Spine	Hip & Pelvis	Bones & Joints	Skull	Total Patients	Total Plates	Total Screenings
Practitioners' Cases, ...	249	—	4	1	—	254	477	—
Burgh Health Dept. Cases, ...	215	5	58	26	4	308	401	114
County Health Dept. Cases, ...	466	3	89	8	2	568	720	148
Totals, ...	930	8	151	35	6	1130	1598	262

"Full use was made of the diagnostic facilities offered by the X-ray Clinic—the Tuberculosis and the Maternal and Child Welfare Schemes sending their quota, and the Municipal Hospitals also referring a series of cases.

"Of the patients referred by Medical Officers of the Municipal Hospitals, there were 57 from the Infectious Diseases Hospital, 48 for chest conditions and 9 for various bony lesions.

"From the Tuberculosis Wards at Craw Road Hospital, 68 cases were sent for diagnosis, 55 for chest investigation, and 13 for bony lesions.

"Under the Maternal and Child Welfare Scheme, 31 cases were sent from the various clinics, and from Barshaw Maternity and Child Welfare Hospital—2 for some chest condition, 26 for diagnosis of presentation or type of pregnancy, and 3 for bony lesions.

"The table below gives an analysis of these hospital cases:—

	Chest.	Spine.	Hip and Pelvis	Bones and Joints.	Skull	Total. Patients.
Infectious Diseases Hospital, ...	48	1	2	6	—	57
Craw Road Hospital, ...	55	2	4	6	1	68
Barshaw Maternity Hospital, ...	2	—	1 + 26	2	—	31
Totals, ...	105	3	33	14	1	156

"In this fashion we endeavour to foster a spirit of teamwork throughout the various schemes of the Health Services. Cases are referred from the Infectious Diseases Hospital for X-ray of doubtful conditions; suspicious cases seen at any of the clinics of the Maternal and Child Welfare Scheme are sent for X-ray and further examination—thus we have discovered quite a few pulmonary cases. Again, where pelvic examination is difficult, or the diagnosis of pregnancy doubtful, expectant mothers are sent for X-ray examination.

"We thus hope to have at the earliest possible moment as complete a diagnosis as may be possible, and so be able to institute the appropriate treatment at the outset of the pathological process."

Artificial Pneumothorax Treatment.

Artificial pneumothorax treatment of cases of pulmonary tuberculosis was started in 1931. It is generally agreed that in suitable cases this method of treatment gives more encouraging results than any others.

Dr. Whiteford's report is as follows:—

"The procedure has been followed, as in former years, of selecting carefully the cases for whom artificial pneumothorax therapy is to be attempted. Cases of unilateral disease, or cases where there is little involvement of the lung to be left uncollapsed — such cases are considered eminently suitable for artificial pneumothorax treatment. Sanocrysin is given intravenously in many of these subjects to supplement the pneumothorax, or to try and control the lung left uncollapsed. Eleven cases had this treatment attempted during the year 1936, six of them successfully.

"During the year 1936, there were also 9 cases attending the outdoor Pneumothorax Clinic for periodic attention.

"A total of 23 cases were under treatment, and 245 refills were administered—121 refills for 13 hospital cases, and 124 refills for the 9 outdoor cases.

"Of the hospital cases, 2 were continuing treatment from 1935, and of the 11 new cases, in 5 collapse was found impossible owing to adhesions, the other 6 progressing favourably.

Serial No.

XIV. (J. M'P.)—Bilateral lesion. Left lung collapsed. Sanocrysin to control lesion in the opposite lung. Attempts to collapse the other lung were unsuccessful. Fairly well.

XV. (A. K.)—Spontaneous pneumothorax. Fluid aspirated. Doing well.

XVI. (B. M.)—Bilateral lesion. Left lung collapsed. Sanocrysin for opposite lung. Fair result.

XVII. (M. B.)—Bilateral lesion. Left lung collapsed. Sanocrysin. Discharged to outdoor clinic.

XVIII. (J. O'H.)—Bilateral lesion. Left lung collapsed. Sanocrysin. Well.

XIX. (J. D.)—Gas replacement of massive effusion. Good result. R. lung well collapsed.

XX. (M. M'G.)—Gas replacement of L. sided massive effusion. Well. Discharged to outdoor clinic.

XXI. (N. K.)—Bilateral lesion. Left lung collapsed. Improving.

"In each case considered suitable for treatment by collapse of the lung, the rationale of the treatment is first explained to the patient, encouragement is got from the conversation of other hospital patients who have benefitted by pneumothorax, and altogether a cordial spirit of confidence and co-operation is arrived at before anything is attempted.

"Patients discharged from our own and from other institutions have their refills at requisite intervals at the outdoor Pneumothorax Clinic, which functions on Thursday afternoons after the regular X-ray Diagnostic Clinic.

"During 1936, a series of 9 outdoor cases attended the Pneumothorax Clinic:—
Serial Letter.

(d) (J. B.)—Uniformly well. Lung allowed to re-expand. Working.

(g) (W. W.)—Very well. In business on own account. Monthly refills.

(i) (M. B.)—Very well. Working. Lung being allowed to re-expand.

(j) (M. F.)—Well. Fortnightly refills.

(k) (J. L.)—Well. Starting light office work.

(l) (J. O.)—Out of district for a time and did not continue refills.

(m) (R. W.)—Well. Working on own account. Fluid aspirated and refills at intervals.

(n) (C. A.)—Well. Refills fortnightly.

(o) (E. H.)—Well. Refills fortnightly. Performs household duties.

"In the case of both hospital and outdoor cases the refills are controlled by screening, and the outdoor cases are clinically overhauled at intervals.

"Pneumothorax, successfully induced, affords relief, to a great extent, from severe cough with spit, reduces the febrile swing of temperature, and, when the optimum collapse of the lung is obtained, the patient expresses a personal opinion that the procedure has definitely helped; the period of stay in hospital is appreciably shortened, and a good proportion of the patients are able to undertake light work."

Artificial Sunlight Treatment.—Artificial Sunlight treatment of cases coming under the Tuberculosis Scheme was continued on the usual lines during 1936. Dr. Whiteford submits the following report on the work:—

"Treatment by ultra-violet irradiation of certain forms of non-pulmonary tuberculosis, and of cases whose indefinite clinical condition is labelled "pre-tuberculous," is carried out at the Artificial Sunlight Clinic. The Clinic functions daily, patients being recommended from the U.V.R. Clinic, held on Wednesday afternoons, to which cases are referred by Medical Officers of the Health Department and by local medical practitioners.

"During 1936, there were 133 cases under treatment, as compared with 150 cases during 1935; the total number of exposures being 3,680, as compared with 3,785 in 1935.

"New patients are passed through the U.V.R. Clinic, and patients on treatment have their condition reviewed there at intervals of three weeks or a month. A course of treatment extends over a period of three months, with rest intervals of a week or two or three weeks spread over the whole course.

"The 'pre-tuberculous' cases include those patients subject to colds, ailing but never ill, lacking in development and energy, and very frequently contacts with a case of tuberculosis, although in their own cases tuberculosis has not been found.

"The tuberculous cases include conditions such as skin, bone and joint tuberculosis, gland infections, and abscess and sinus conditions associated with such lesions.

"Both types show, in the main, a definite improvement, both physically and mentally." The pathological conditions show a tendency to clear up, general well-being is enhanced, and a more happy and optimistic atmosphere is engendered.

"Below is a tabulated analysis of the cases under treatment during 1936. These cases were referred to the U.V.R. Clinic from various sources—the staff of the Burgh Health Department, the County Health Department, and medical practitioners in the burgh:—

	Referred by Burgh Health Dept.		Referred by County Health Dept.		Referred by Medical Practitioners.	
	Cases continuing from 1935.	New Cases.	Cases continuing from 1935.	New Cases.	Cases continuing from 1935.	New Cases.
Pre-Tuberculous Cases. Non-Pulmonary Tuberculosis.						
Improved: Treatment suspended,	6	4	—	1	10	5
Treatment continued into 1937, ...	1	14	—	2	4	7
Ceased attendance prematurely,	4	17	1	4	—	11
Transferred to Hospital, ...	—	2	—	—	—	—
Improved: Treatment suspended,	6	3	—	—	1	1
Treatment continued into 1937, ...	1	5	—	—	3	4
Ceased attendance prematurely, ...	2	6	—	—	3	—
Transferred to Hospital, ...	—	2	—	—	—	—

"The total number of cases under review, viz., 133 included 91 new cases, and 42 cases continuing treatment from 1935. The 91 new cases comprised 67 cases of non-pulmonary tuberculosis, and 24 cases labelled 'pre-tuberculous'; and of 42 cases continuing from 1935, 26 were cases of non-pulmonary tuberculosis, and 16 were 'pre-tuberculous.'

"Below is an analysis of the end results of treatment for the various types of cases:—

	Improved; Treatment Suspended.	Treatment Continued into 1937.	Ceased Attendance Prematurely.	Transferred to Hospital.
Pre - Tuberculous cases (40), ...	14	13	11	2
Tuberculous Adenitis (52)	16	16	20	—
Tuberculosis of Abdomen (18), ...	4	6	6	2
Tuberculosis of Bones and Joints (7), ...	4	1	2	—
Lupus and Allied Conditions (7), ...	1	3	3	—
Other Conditions (9), ...	1	2	6	—

"The defaulters — those who ceased attending before finishing their treatment, are found mainly among the new cases. During 1936, of 93 tuberculous cases, 37 or roughly 40 per cent. defaulted; and of 40 'pre-tuberculous' cases 11, or 27.5 per cent. defaulted. The figures for 1935 were 33 per cent. and 35 per cent. respectively.

"The results among those cases faithful to their treatment are very satisfactory, and we derive some little encouragement from the fact that defaulters frequently return at a later date, having been influenced by some other patient who has derived definite benefit from the course of treatment prescribed."

Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 986 cases of pulmonary tuberculosis who died during the fifteen years, 1922 and 1936.

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths, ...	125	12.7
Death occurring within 1 month of notification, ...	127	12.9
Death occurring within 1 to 3 months of notification, ...	133	13.5
Death occurring within 3 to 6 months of notification, ...	106	10.7
Death occurring within 6 to 12 months of notification, ...	102	10.3

In the remaining 393 cases—39.9 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 49.8 per cent. of the deaths from pulmonary tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

Institutional Accommodation Available for Paisley Cases.

Infectious Diseases Hospital.—30 beds, under the control of the Local Authority. This hospital serves as a "clearing house," where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge of Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation. The sanatorium ward at the new Infectious Diseases Hospital has proved very satisfactory.

The principal figures for 1936 are as follows:—

In hospital at beginning of year, 22—10 males, 12 females.
Admitted during the year, 71—31 males, 40 females.
Deaths during the year, 15—7 males, 8 females.

Craw Road Institution.—30 beds, under the control of the Joint Committee for the Management of Transferred Institutions. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to provide additional accommodation in the

wards of the main hospital, and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1936 are as follows: —

In hospital at beginning of year, 30—18 males, 12 females.

Admitted during the year, 69—36 males, 33 females.

Died during the year, 15—10 males, 5 females.

Bridge-of-Weir Sanatorium.—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1936 are as follows:—

In hospital at beginning of year, 13—5 males, 8 females.

Admitted during the year, 10—7 males, 3 females.

Deaths during the year, 2—1 male, 1 female.

Peesweep Sanatorium.—18 beds, under the control of Renfrew County Council. In July, 1933, the management of the large Thread Mills in Paisley handed over this Institution to Renfrew County Council. 4 beds remain available for Paisley employees, the cost of treatment being borne by the Local Authority. No Paisley cases received treatment during the year.

Biggart Memorial Homes, Prestwick.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases excellent results are obtained. 1 new case was admitted during the year.

St. Andrew's Home, Millport.—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1936, 3 cases from Paisley received treatment.

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are again to be heartily congratulated on an excellent record of work during the year. A noteworthy feature is the cordial co-operation of medical practitioners with Dr. Whiteford.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:—

(1) **Facilities for Laboratory Diagnosis.**—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.

(2) **Supplies of Salvarsan, etc.,** are available free of charge for the use of duly qualified medical practitioners.

(3) **Clinic for Outdoor Cases at Craw Road Institution.**

(4) **Ward accommodation in Craw Road Hospital.**

(5) **Educational and Publicity Campaign.**

Laboratory Diagnosis.—During the year 564 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total 245 specimens came from the Municipal Clinic and the indoor wards, 123 from the Royal Alexandra Infirmary, and 196 specimens from medical practitioners. The Staff at the Clinic examined 1,160 specimens, and 73 specimens were examined in the laboratory at the Fever Hospital. Total examinations, therefore, numbered 1,797.

Supplies of Salvarsan, etc., to Medical Practitioners.—219 doses were supplied during the year to 12 medical practitioners.

Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1936:—

(1) No. of New Cases, 232.

	Syphilis.	Gonorrhœa.	Non-Specific Soft Sore.	Non-Specific Venereal Infections.	Other Diseases.	Total.
Males, ...	30	81	2	5	57	175
Females, ...	15	32	0	0	10	57
	45	113	2	5	67	232

(2) Total attendances, 12,773.

Males, ...	1790	8458	18	11	377	10654
Females, ...	832	1266	0	0	21	2119
	2622	9724	18	11	398	12773

(3) Average daily attendances, 35.5.

(4) Cases from outwith Paisley, 73.
Johnstone, 23; Renfrew, 10; Barrhead, 7; Greenock, 10; Renfrew County, 16; Glasgow, 4; Ayr, Kilwinning and Port-Glasgow, 1 each.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, ...	1,160
Specimens sent to Glasgow Laboratory, ...	245
Total, ...	1,405

As compared with 1935, new cases showed an increase of 50; new cases of syphilis, 45, were slightly above the average number, while new cases of gonorrhoea, 113 were slightly below the average number.

The increase in cases of gonorrhœa among women during the last six years has been rather striking, and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff.

Total attendances were 12,773 as compared with the total of 13,083 for 1935.

The average daily attendances were 35.5 as compared with 36.5 for 1935, 40.4 for 1934.

The number of laboratory specimens examined by the Staff was above the average figure; this work, chiefly carried out by Mr. M'Geechan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock. Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1936, 57 patients received treatment, as compared with 36 during 1935; the average number for the past fourteen years is 51. Of the total 31 were Paisley cases, 11 were Greenock cases, 6 were Johnstone cases, 3 were Renfrew County cases, 3 were Renfrew Burgh cases, 2 were Barrhead cases, and 1 was from Port-Glasgow.

A welcome feature of the work in these wards was that 4 infants were born there during the year.

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is again to be congratulated on a fine record of work. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

A record number of new Corporation houses has again to be recorded for the year under review. During 1936, 684 new houses were completed and occupied, the previous highest total being 658 during 1935. The new houses were distributed as follows:—Gallowhill (560), Millarston (48) and Ferguslie Park (76). In addition 12 houses were built by private enterprise. During the year, 92 uninhabitable houses were closed under Section 16 of the 1930 Act, 4 were closed by arrangement with the owners, while other 56 houses were closed for purposes of street improvement—a total of 152 houses.

Housing progress since the year 1919 can be judged by the table given below, for which I am indebted to Mr. James Lee, Master of Works:

Number of Houses erected and occupied within the Burgh, 1919 to 1936.

Year.	Erected by— Private Enterprise.						Local Authority.					Grand Total
	2-apt.	3-apt.	4-apt.	5-apt.	Over 5.	Total.	2-apt.	3-apt.	4-apt.	5 apt.	Total.	
1919,		2				2						2
1920,		3	1	1		5						5
1921,		1		1	1	3		92			92	95
1922,			3	2		5		86	38		124	129
1923,			4	14	3	21		102	52		154	175
1924,	1	9	9	13	9	41	48	66			114	155
1925,		23	20	35	1	79	120	62			182	261
1926,		6	5	21	3	35	72	76			148	183
1927,		7	17	39	2	65	182	186			368	433
1928,		9	18	26	4	57	233	275			508	565
1929,	2	4	24	26	5	61	208	214			422	483
1930,		1	9	9		19	238				238	257
1931,		5	13	12	1	31	46	174			220	251
1932,		10	3	7		20	90	132	36		258	278
1933,		2	9	20		31	96	212	102		410	441
1934,	2	2	2	1		7	145	180	60		385	392
1935,	3	2	13	7		25	121	447	90		658	683
1936,			10		2	12	20	536	124	4	684	696
Total,	8	86	160	234	31	519	1619	2840	502	4	4965*	5484

* This figure includes 102 houses built under Slum Clearance Scheme, and also 717 houses built during 1930, 1931, 1932, 1933, and 1934, primarily for tenants dispossessed from uninhabitable houses.

As regards uninhabitable houses, Mr. Wm. Young, Chief Sanitary Inspector and Executive Officer under the Housing Acts, reports that in the course of inspection during the year there were discovered 259 houses which were unfit for human habitation. Of these 92 were closed, 11 had the necessary repairs carried out, 4 were closed by arrangement with the owners, leaving 152 uninhabitable houses to be dealt with whenever rehousing accommodation is available.

Re-housing Schemes.—In his latest annual report, Mr. Wm. Young, Chief Sanitary Inspector, draws attention to the real difficulty of re-housing those tenants of uninhabitable houses who are only eligible for one or two-apartment houses, approximately half of the families who have to be re-housed. Local Authorities are not now permitted to build houses of less than three apartments. The main method, therefore, of re-housing those families who require less than three apartment is by "decanting," i.e., to re-house them in vacant one or two-apartment houses by arrangement with the private owners of these houses. Naturally, however, private owners prefer to choose their own tenants, and the inevitable result is difficulty and delay in re-housing these small families. To help to overcome the difficulty, Mr. Young makes the sensible suggestion that families representing three adults should be allowed to be re-housed in three-apartment houses belonging to the Local Authority—a procedure not at present permitted under the regulations.

In the early part of the year, following a joint report by the Medical Officer of Health and the Chief Sanitary Inspector, the Local Authority appointed two nurse inspectors to assist in the care and management of the various housing schemes. The following extract from that report will explain the principal duties of these nurse inspectors:—

> "(1) By helpful advice and tactful persuasion, they would try to educate the tenants in healthy ways of living and encourage them to take advantage of the higher standard of housing provided for them. They would try to persuade them to utilise as far as possible the amenities of the new houses, and take a pride in keeping their

houses clean and in good condition. They would have the necessary knowledge and training to advise mothers as regards the family budget, and the best allocation of the household income. **In short, their principal duty would be health education in the widest sense of the term.**

"(2) When new tenants have been re-housed, especially from insanitary or dirty houses, they would visit frequently in order to try and prevent infestation of the new houses with vermin. They would soon get to know the careless tenants, who would then receive frequent and close supervision. In this way, it should be possible to prevent serious infestation of the new houses, which is so costly to eradicate.

"(3) They would be on the staff of the Chief Sanitary Inspector, and would therefore be in a position to report to him such offences as nuisances, overcrowding, sub-letting, etc. It would, of course, only be their duty to report such offences if they were unable to deal with them by advice and persuasion.

"(4) With their nursing training, they would be able to advise the poorer mothers to make use of the various welfare agencies available for themselves and their children. This aspect of their work should have real preventive value as regards the health of the mothers and young children."

Following their appointment, the nurse inspectors have been busily engaged in a house-to-house inspection of the low-rented Corporation houses, and details of their work will be found in the latest annual report of the Chief Sanitary Inspector. It is necessary to emphasise, however, that their principal duty is health education in the widest sense of the term, and the justification of their appointment will rest chiefly on that aspect of their work.

Overcrowding.—The housing survey of 1935 showed that 6,753 houses, or 31.71 per cent., were overcrowded, and that

4,631 additional new houses were required **solely** to abate that overcrowding. The Local Authority have already sanctioned the provision of fully 4,000 additional houses and are anxious to get ahead with their programme, but, owing to the shortage of labour and the great increase in the cost of materials, it would appear that progress in building is bound to be slow in the immediate future. Local Authorities by themselves cannot overcome the present difficulties. Only strong action by the Central Government can provide a solution to what is really a grave national problem; and public opinion will certainly support whatever action is found to be necessary.

During 1935, 581 overcrowded families were re-housed in Corporation houses, 477 in new houses, and 104 in vacated houses. In addition, 60 overcrowded families were re-housed in privately owned houses. A total of 641 families were therefore "decrowded" during the year, and such progress is certainly creditable. But, as pointed out in last year's report, the Local Authority must always keep in mind that the economic circumstances of the majority of overcrowded tenants, more especially the worst cases, require that the rents of the new houses to be provided should be fixed as low as possible.

In his latest report, the Chief Sanitary Inspector reports that, out of 646 vacated, privately owned tenement houses, only 66 again became overcrowded on being re-let.

MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1936:—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which organs only were Condemned.
Cattle, ...	7,414	210	362	1,152
Calves, ...	2,701	31	—	8
Sheep, ...	16,946	16	16	450
Swine, ...	14,166	79	116	635
	41,227	336	494	2,245

Of the 3,075 diseased animals, 1,842 were affected with Tuberculosis, of which 236 were totally condemned, and 397 partially condemned. The weight of meat condemned during the year was 62 tons, 17 cwts. During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 6 cows in the Public Markets; post mortem examination at the Slaughter-house showed that the carcases were badly affected with pathological emaciation, and they were all totally condemned. Under Article 5 of the Tuberculosis Order of 1925, Mr. Andrew also seized 4 cows which were found to be in an advanced stage of Tuberculosis, and the carcases were condemned. Owing to the increase of work in recent years, difficulties have arisen, and Mr. Cameron has presented a special report on the general structure of the Slaughter-house which is being considered by the Public Health Advisory Committee.

DIABETES — PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Eleven patients were assisted in this way during 1936.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. William Young, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information:—

There are at present 15 registered cowsheds in the Burgh, the average number of cows kept being 350, and the average amount of milk produced being about 790 gallons daily. These were all inspected at least four times during the year, and a good standard of cleanliness is being maintained.

There are 63 retail dairies on the register; 29 shops for the sale of bottled milk; and 29 carts or other vehicles from outside areas registered to sell milk within the burgh. All these premises were systematically inspected during the year, 5 inspections being made for each dairy.

The daily consumpt of milk within the Burgh is approximately 5,476 gallons, made up of 3,345 gallons bulk milk, and 2,131 gallons bottled milk; the total bottled milk includes 36 gallons certified milk, 284 gallons Grade A (T.T.), 6 gallons Grade A, 6 gallons Grade A pasteurised, 1,226 gallons pasteurised milk, and 533 ordinary milk cooled and bottled. These figures represent a daily consumpt per head of the population of about 2.00 gills—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

During the year, the Renfrewshire Education Authority continued the arrangements for the daily supply of one-third of a pint of milk to school children at a reduced charge. In Paisley, the Public Assistance Committee continued to pay the cost of the daily ration in the case of children in necessitous circumstances. For this scheme over 278 gallons of Grade A (T.T.) milk and 48 gallons of Pasteurised milk are distributed daily. Samples of this milk are examined monthly. There can be nothing but praise for this national experiment which is bound to raise the standard of health of the school children.

During the year, 27 dairies were licensed to sell Certified and Grade A (T.T.) milk, and 26 for the sale of Pasteurised milk. The subjoined table shows the results of analysis of Graded Milks:—

		Bacteriological Examination.		Chemical Analysis		
		Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solids per cent.	Total Solids per cent.
Certified Milk— 10 Samples.	Highest,	12,100	Absent 8	6.25	9.30	15.55
	Lowest,	450	Present 2	3.20	8.77	11.97
	Average,	4,825		4.21	9.01	13.22
Grade A(T.T.) Milk— 27 Samples (at Schools)	Highest,	29,700	Absent 25	4.49	9.11	13.60
	Lowest.	1,800	Present 2	3.20	8.75	11.95
	Average,	10,942		3.92	9.01	12.93
Grade A (Pasteurised) Milk — 4 Samples.	Highest,	51,000	Absent 3	3.90	9.00	12.90
	Lowest,	550	Present 1	3.52	8.83	12.35
	Average,	13,687		3.72	9.01	12.73
Pasteurised Milk— 16 Samples.	Highest,	32,000	Absent 15	3.82	8.73	12.55
	Lowest,	300	Present 1	3.28	9 02	12.30
	Average,	7,018		3.60	8.94	12.54

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

During the year, Mr. William Young, Executive Officer under the various Acts, introduced routine bacteriological examinations of milk samples, as well as chemical analyses. He reports that 73 samples were thus tested during the year. Of these, 23 samples conformed to the standard and quality of Grade A milk; only 2 had a bacterial count of over 200,000 per c.c.; 22 contained B.Coli in1/100 c.c., and 7 in 1/1000 c.c. The average bacterial count was 35,871, and the average milk fat content was 3.63 per cent. The results are communicated to the dairykeepers, who are willing and anxious to co-operate with Mr. Young in the production of clean and wholesome milk. The results of the examinations are subjoined:—

Sample No.	Date Sample Taken, 1936.	Where Sample Taken.	Where Produced.	Time of Sampling.	Milk Fat Content.	Bacterial Count per C.C.	Coliform Bacilli at	
							1/100 c.c.	1/1000 c.c.
9	January 21	Local Dairy.	Local.	7.15 a.m.	3.65	11,000	−	−
10	January 21	Local Dairy.	Local.	7.20 a.m.	3.02	7,500	−	−
11	January 21	Local Dairy.	Local.	7.30 a.m.	3.12	9,500	−	−
12	January 21	Local Dairy.	Local.	7.50 a.m.	3.64	3,800	−	−
13	January 21	Local Dairy.	Local.	7.55 a.m.	3.64	12,500	−	−
14	January 21	Local Dairy.	Local.	8.0 a.m.	3.38	2,600	−	−
22	February 18	Local Dairy.	Local.	6.25 a.m.	3.40	6,000	−	−
23	February 18	Local Dairy.	Local.	6.35 a.m.	3.39	4,500	−	−
24	February 18	Local Dairy.	Local.	6.40 a.m.	3.40	3,200	−	−
25	February 18	Local Dairy.	Local.	6.42 a.m.	3.17	7,000	−	−
26	February 18	Local Dairy.	Country.	6.45 a.m.	3.68	21,000	−	−
27	February 18	Local Dairy.	Local.	6.50 a.m.	3.13	2,200	+	−
37	March 17	Local Dairy.	Country.	6.30 a.m.	5.80	9,400	−	−
38	March 17	Local Dairy.	Local.	6.45 a.m.	3.36	34,000	−	−
39	March 17	Local Dairy.	Local.	6.55 a.m.	3.75	72,600	−	−
40	March 17	Local Dairy.	Country.	7.0 a.m.	3.58	100,600	−	−
41	March 17	Local Dairy.	Country.	7.5 a.m.	3.50	23,000	+	−
42	March 17	Institution.	Local.	7.50 a.m.	4.18	14,200	−	−
58	April 16	Institution.	Country.	6.45 a.m.	4.31	93,000	−	−
59	April 16	Institution.	Country.	6.45 a.m.	3.00	18,700	−	−
60	April 16	Local Dairy.	Local.	7.0 a.m.	3.95	15,000	−	−
61	April 16	Local Dairy.	Local.	7.10 a.m.	3.28	24,000	−	−
62	April 16	Local Dairy.	Local.	7.15 a.m.	3.36	27,000	−	−
63	April 16	Local Dairy.	Country.	7.20 a.m.	3.73	11,000	−	−
76	May 13	Institution.	Country.	7.5 a.m.	3.30	16,300	−	−
77	May 13	Institution.	Country.	7.5 a.m.	3.40	3,200	−	−
78	May 13	Local Dairy.	Local.	7.25 a.m.	3.38	10,300	−	−
79	May 13	Local Dairy.	Country.	7.30 a.m.	3.23	125,000	−	−
80	May 13	Local Dairy.	Country.	7.40 a.m.	4.33	28,000	−	−
81	May 13	Institution.	Local.	8.10 a.m.	3.70	90,000	−	−
99	June 9	Local Dairy.	Local.	6.30 a.m.	3.82	342,800	+	+
100	June 9	Local Dairy.	Local.	6.40 a.m.	3.38	25,000	−	−
101	June 9	Local Dairy.	Local.	6.45 a.m.	3.83	46,000	+	+
102	June 9	Local Dairy.	Local.	6.55 a.m.	3.47	59,200	−	−
103	June 9	Local Dairy.	Country.	7.5 a.m.	4.10	33,000	−	−
104	June 9	Local Dairy.	Country.	7.15 a.m.	3.32	154,000	−	−
118	July 13	Local Dairy.	Local.	7.20 a.m.	3.15	13,500	−	−

Sample No.	Date Sample Taken, 1936.	Where Sample Taken.	Where Produced.	Time of Sampling.	Milk Fat Content.	Bacterial Count per C.C.	Coliform Bacilli at	
							1/100 c.c.	1/1000 c.c.
119	July 13	Local Dairy.	Local.	7.0 a.m.	3.08	230,000	+	+
120	July 13	Local Dairy.	Country.	7.40 a.m.	3.40	6,000	−	−
121	July 13	Local Dairy.	Country.	7.30 a.m.	3.24	77,000	+	+
122	July 13	Local Dairy.	Local.	7.10 a.m.	3.73	19,000	+	+
123	July 13	Local Dairy.	Country.	7.50 a.m.	3.29	2,600	−	−
141	August 19	Institution.	Country.	6.50 a.m.	4.16	45,000	+	+
142	August 19	Institution.	Country.	6.50 a.m.	3.38	11,500	−	−
143	August 19	Local Dairy.	Country.	7.20 a.m.	3.72	31,000	+	−
144	August 19	Local Dairy.	Country.	7.25 a.m.	3.47	8,000	−	−
145	August 19	Local Dairy.	Country.	7.35 a.m.	4.02	4,000	−	−
146	August 19	Local Dairy.	Country.	7.40 a.m.	3.25	18,500	+	+
162	September 22	Institution.	Country.	7.0 a.m.	3.60	8,000	+	−
163	September 22	Institution.	Country.	7.0 a.m.	3.90	18,000	+	−
164	September 22	Local Dairy.	Local.	7.25 a.m.	3.69	23,000	+	−
165	September 22	Local Dairy.	Country.	7.30 a.m.	4.07	4,600	+	−
166	September 22	Local Dairy.	Local.	7.10 a.m.	3.70	26,000	+	+
167	September 22	Local Dairy.	Country.	7.45 a.m.	3.45	10,000	−	−
182	October 14	Local Dairy.	Country.	7.35 a.m.	3.99	6,300	+	−
183	October 14	Local Dairy.	Local.	7.45 a.m.	3.40	29,000	−	−
184	October 14	Local Dairy.	Country.	7.50 a.m.	3.30	47,000	−	−
185	October 14	Local Dairy.	Country.	7.55 a.m.	3.33	43,000	+	+
186	October 14	Veh. on Street.	Country.	8.10 a.m.	3.71	12,500	−	−
187	October 14	Local Dairy.	Country.	8.15 a.m.	3.32	104,000	+	−
204	November 17	Veh. on Street.	Local.	7.15 a.m.	3.58	41,000	+	−
205	November 17	Local Dairy.	Country.	7.35 a.m.	3.68	7,000	−	−
206	November 17	Local Dairy.	Country.	7.45 a.m.	3.42	27,000	−	−
207	November 17	Local Dairy.	Country.	7.50 a.m.	3.76	39,000	−	−
208	November 17	Local Dairy.	Country.	8.0 a.m.	3.39	7,500	−	−
209	November 17	Local Dairy.	Local.	8.10 a.m.	3.91	105,000	−	−
221	December 15	Institution.	Local.	8.10 a.m.	4.03	77,000	+	−
222	December 15	Institution.	Country.	7.0 a.m.	3.50	13,000	−	−
223	December 15	Institution.	Country.	7.0 a.m.	4.16	11,500	−	−
224	December 15	Local Dairy.	Local.	6.55 a.m.	3.60	15,000	+	−
225	December 15	Local Dairy.	Local.	7.5 a.m.	3.95	4,000	−	−
226	December 15	Local Dairy.	Local.	7.12 a.m.	3.82	4,500	−	−
227	December 15	Local Dairy.	Country.	7.20 a.m.	5.28	3,500	+	−

WATER SUPPLY.

No change took place in the general water supply arrangements of the town, which is of good quality and adequate for present requirements, as borne out by the following particulars of the reservoirs:—

	Depth. Feet.	Inches.	Capacity. Cubic Feet.
Barcraigs Reservoir, ...	36	0	196,852,050
Camphill Reservoir, ...	70	0	116,766,880
Rowbank Reservoir, ...	33	5	78,074,248
Stanely Reservoir, ...	31	1	31,891,051
Glenburn Reservoir, ...	28	0	12,651,204
Harelaw Reservoir, ...	20	0	14,248,313
			450,483,746

This gives a storage capacity equal to 214 days' supply, and the lowest quantity in store during the year was equal to 160 days' supply. There are 27 filters and 6 tanks, and the consumpt within the whole water supply district was at the rate of 36 gallons per day per head of the population for domestic purposes, and 83½ gallons for all purposes.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

During 1934 the Local Authority decided to proceed with their scheme for the purification of the sewage of the Burgh, which had been postponed consequent on the national economic crisis of 1931. Mr. James Lee, Master of Works, has been entrusted with the execution of the scheme.

The Refuse Destructor dealt with 25,627 tons of unscreened refuse during the year, the daily average being 83 tons.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 112 workshops on the register, and 132 inspections were made of those most requiring attention. Two notices were received from H.M. Inspector of Factories and received immediate attention.

In terms of the Home Work Order, 11 lists of outworkers were received; 5 in February, relating to 31 outworkers, and 6 in August relating to 35 outworkers, of whom 64 were employed within the burgh and 2 outwith. Two lists regarding outworkers were sent to the authorities of the districts where they were employed, and 1 list was received from another authority. Inspection of such premises disclosed nothing calling for special attention.

There are 56 bakehouses in the Burgh, none of which are underground. I notice was received from H.M. Inspector of Factories regarding limewashing of premises, and received immediate attention.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

I subjoin copies of the various Returns which have been called for by the Department of Health for Scotland, and which relate to the Health and Institutional Services administered by the Local Authority:—

BURGH OF PAISLEY. Health Services: Form 4.

RETURN: YEAR 1936.

Medical, Dental, Nursing, Sanitary, Veterinary, and Analyst Staffs of the Council, exclusive of the staffs of hospitals.

Designation.	Name (except where otherwise indicated).	Duties.
MEDICAL STAFF:		
1. Medical Officer of Health	Dr. G. V. T. M'Michael.	Medical Officer of Health, Medical Superintendent of Municipal Hospitals, Police Surgeon.
2. Deputy Medical Officers of Health.	Dr. Charles M. Whiteford.	Depute Medical Officer of Health, Depute Police Surgeon, Clinical Tuberculosis Officer, Clinical V.D. Officer.
3. Assistant Medical Officers of Health (whole-time).	Dr. Susan MacMurray. Dr. Margt. C. Gibson.	Senior M. & C. W. Officer. Junior M. & C. W. Officer. R.M.O., Barshaw Maternity Hospital.
	Dr. Andrew B. Semple. Dr. Sidney R. Jamieson.	Senior } R.M.O., Infectious Junior } Diseases Hospital. Both Officers also conduct M. & C. W. Clinics, T.B. Dispensaries, etc., as required.
4. Consultants and Specialists (exclusive of those retained only for duty in the Council's hospitals).	Dr. Donald M'Intyre.	Consultant Obstetric Surgeon for Puerperal Fever and Puerperal Pyrexia Regulations.
5. Local Medical Officers (part-time) for Poor Law and other local health services; give *number* only, but specify nature of duties.	4 1	Act as District Medical Officers and Public Vaccinators. Attends Public Assistance Offices and Certifies Applicants for Relief.
DENTAL STAFF:		
1. Dentists:		
(*a*) Whole-time ...		Dental work under the M. & C. W. Scheme is carried out at the Russell Institute, Paisley, by the whole-time Dental Staff of the Education Committee of the Renfrew County Council.
(*b*) Part-time (Number only).		
2. Dental Dressers (Number only).		
3. Dental Mechanics (Number only).		
NURSING STAFF:		
1. Superintendent of Nurses	—	—
2. Health Visitors and Nurses:	6	M. & C. W. Scheme and Epidemic work.
Whole-time (Number only).	1	Tuberculosis Scheme.
Part-time (Number only).	—	—
SANITARY STAFF:		
Sanitary Inspectors (whole-time).	William Young.	Chief Sanitary Inspector.
Assistants:		
Whole-time (Number only)	7	All Duties.
Part-time (Number only)	—	—
PUBLIC ANALYSTS (state if whole-time).	Mr. Robert M'Farlane Clark, Glasgow.	Part-time.
VETERINARY STAFF (state if whole-time):		
1. Veterinary Inspectors ...	James Andrew.	Part-time.
2. Meat Inspectors ...	Hugh Cameron.	Also Superintendent of Slaughter-house.
3. Detention Officers (Number only).	2	Superintendent and Depute Superintendent of Slaughter-house.

CLINICS, DISPENSARIES AND LABORATORY SERVICES.

A.—CLINICS AND DISPENSARIES.

Location (see Note 1 below).	Days and times of session.	AVAILABLE FOR						
		Expectant Mothers.	Post-natal cases.	Pre-school children.	School children.	Tuber-culosis.	Venereal Diseases.	Other services. *e.g.* Psychiatric. (Specify).
				(See Note	2 below.)			
Russell Institute—								
(M. & C. W. Dept.)	Mon., 10.30 a.m.	—	T.A.	T.A.	—	—	—	Artificial Sunlight Treatment is available for all patients attending the M. & C. W. Clinics.
,, ,, ,, ...	Mon., 2 p.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Tues., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Tues., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Wed., 10.30 a.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Wed., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	T.A.	—	—	—	—	
,, ,, ,, ...	Fri., 10.30 a.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Fri., 2 p.m.	—	T.A.	T.A.	—	—	—	
Barshaw Hospital	Mon., 2 p.m.	T.A.	—	—	—	—	—	
Russell Institute (T.B. Dept.) ...	Tues., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Sunlight cases.
,, ,, ,, ..	Wed., 2 p.m.	—	—	—	—	T.A.	—	
,, ,, ,, ...	Fri., 2 p.m.	—	—	—	—	T.A.	—	
Russell Institute (X-Ray Dept.) ...	Mon., 11 a.m.	A.	—	A.	—	A.	—	Also serve area of Renfrew County Council.
,, ,, ,, ...	Thurs., 2 p.m.	A.	—	A.	—	A.	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Pneumothorax cases.
Special Treatment Centre—								
Craw Road Institution ...	Tues., 5.30 p.m.	—	—	—	—	—	T.A. (males)	Also serve area of Renfrew County Council.
,, ,, ,, ...	Wed., 10.30 a.m.	—	—	—	—	—	T.A. (females)	
,, ,, ,, ...	Wed., 8 p.m.	—	—	—	—	—	T.A. (males)	
,, ,, ,, ...	Fri., 5.30 p.m.	—	—	—	—	—	T.A. (females)	

Under the Education Committee of Renfrew County Council, there are available at the Russell Institute for school children:—(1) Minor Ailments Clinic, (2) Special Treatment Clinic, (3) Dental Clinic, (4) Remedial Exercises Clinic; by arrangement, these clinics are also available for pre-school children, and the Local Authority Clinics, detailed above are also available for school children.

NOTES—(1). (a) Distinguish between clinics provided and maintained by the Council and those conducted by other local authorities or by voluntary agencies, whether in the Council's area or elsewhere, which provide services under arrangement with the Council.

(b) If any of the clinics serve other areas, these areas should be stated.

(2). Indicate the service provided by entering under the appropriate heading, "T" if treatment is given, and "A" if advice only.

B.—Laboratory Services.

1. Services provided in laboratories maintained by the Council. (State location of laboratories—showing separately any maintained in combination with other councils—and also nature of services):—

A. **Laboratory, Infectious Diseases Hospital.**—All the routine bacteriological work of the Burgh is carried out at this laboratory—material from cases of Diphtheria, Enteric Fever, Dysentery, Venereal Diseases, Cerebro-spinal Fever, Puerperal Fever, Tuberculosis, etc. During 1936, the examinations numbered 2,959 specimens; the work is done by the two Resident Medical Officers.

B. **Laboratory, Special Treatment Centre, Craw Road Institution.**—The staff at the Special Treatment Centre carry out all the routine bacteriological examinations for cases of Venereal Diseases attending the Centre, excepting Wassermann Tests, which are carried out at the Municipal Laboratory of the City of Glasgow. During 1936, the examinations at the Centre numbered 1,160 specimens.

2. Services provided otherwise. (Give full particulars, including details as above):—

Specimens for special examinations, which cannot be carried out in the above local laboratories, are sent to the Municipal Laboratory of the City of Glasgow; such specimens include special bacteriological work under the Puerperal Fever and Puerperal Pyrexia Regulations, virulence tests in cases of Diphtheria, all Wassermann Tests, etc.

3. Note of services provided by the Council for other local authorities and for general practitioners in the areas of other authorities:—

Nil.

BURGH OF PAISLEY. Health Services: Form 8.

CARE OF THE SICK POOR.

1. **Domiciliary Medical Service.**—State whether provided through local medical officers, through a panel of practitioners or otherwise.

"The sick poor are attended to at home by four part-time District Medical Officers, each Officer attending to the patients in his own district; each District Medical Officer has to nominate an approved substitute who will act for him in his absence."

2. **Home Nursing Service.**

"A trained nurse is provided for suitable cases at home on the order of the District Medical Officers."

3. **Institutional Treatment.**—State names and locations of institutions, whether local authority or voluntary (other than poorhouses in the Council's area) in which sick poor from the Council's area are treated.

"Royal Alexandra Infirmary, Paisley; Royal Victoria Eye Infirmary, Paisley; Infectious Diseases Hospital, Paisley; Barshaw Maternity Hospital, Paisley; Ear, Nose and Throat Hospital, Glasgow."

4. **Specialist (including laboratory) services.**—State what arrangements exist for obtaining specialist assistance in (a) domiciliary, (b) institutional treatment of the sick poor, (i) in ordinary cases, (ii) in emergencies and (iii) for the review of conditions diagnosed as chronic.

"(a) Cases requiring specialist assistance are referred to the appropriate institutions."

"(b) The Visiting Surgeon, Visiting Physician and Visiting Tuberculosis Officer are responsible for specialist service for all institutional cases. Laboratory services are provided by the Municipal Laboratory at the Fever Hospital, by the Glasgow Corporation Laboratory (Wassermann Tests, etc.), and by the West of Scotland Neuro-Psychiatric Research Institute for Mental cases."

5. (a) **Supply of Drugs and Appliances.**
"Medicines and appliances are supplied on the prescriptions of the District Medical Officers, on National Health Insurance methods and tariffs."

(b) **Dentistry and Dentures.**
"Cases requiring dental treatment or dentures are referred to qualified dentists on the order of the District Medical Officers."

(c) **Sight-testing and Spectacles.**
"Spectacles are supplied to adults on the order of the District Medical Officer; special cases are referred to the Eye Infirmary, Paisley. School children are dealt with by the School Medical Service of the County Council of Renfrew, the cost being defrayed by the Public Assistance Committee."

Indicate any alterations that have been made in the institutional arrangements for the treatment of the sick poor during the year.

"The Joint Committee for the management of Craw Road Institution, Paisley, decided to dispense with 'Inmate Labour' in the Hospital Wards, and to replace it by a paid domestic staff as soon as the necessary accommodation could be provided."

STATISTICS.

The following figures for the year should be given, viz:—

	Males.	Females.	Children.	Total.
(a) Persons who received outdoor medical relief in the Council's area, ...	1893	2268	1773	5934
(b) Persons who received medical treatment **under the Poor Law** in:—				
(1) the Council's institutions, including combination institutions in which the Council has a share:				
Craw Road Institution, Paisley,	596	298	50	944
Woodside House, Paisley, ...	—	30	117	147
(2) other, including voluntary, institutions, ...	—	—	—	—
Totals, ...	2489	2596	1940	7025

Note.—Persons who in virtue of Section 14 (4) of the Local Government (Scotland) Act, 1929, received domiciliary or institutional treatment otherwise than under the Poor Law are not to be included in these figures.

Health Services: Form 1.

RETURN: Year 1936.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Craw Road Institution, Paisley.
2. Location of institution—Craw Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Paisley Town Council, Renfrew County Council.
4. State whether the institution is provided under
 (a) Public Health Acts;
 (b) Section 27 of the Local Government (Scotland) Act, 1929;
 (c) Poor Law Acts.
 Under Poor Law Acts, excepting certain classes of patients, e.g. Tuberculosis, Venereal Diseases, etc.
5. Outside areas from which patients are accepted by arrangement with other Councils.
 No arrangements with other Councils.
6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis, ...	16	11	—	27
(b) Non-respiratory tuberculosis, ...				
(c) Venereal diseases, ...	6	7	—	13
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases, ...	—	—	—	—
Maternity, ...				
Gynæcological, ...				
Orthopædic, ...				
Chronic Sick*, ...	91	83	—	174
General medical, ...				
General surgical, ...				
Psychiatric† Observation cases only, ...	6	6	—	12
Special departments (specify, e.g. eye, ear, nose and throat, dermatological —other than V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions.
 There is no out-patient department. A few patients attend for ultra violet therapy and massage.

Statistics for the year to 31st December, 1936.

A. IN-PATIENTS.

1. Total number of admissions, ... 1331
2. Total number of patients discharged, ... 1132
3. Total number of deaths, ... 211
4. Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges), ... 31 days
5. Number of beds occupied:
 (a) Average during the year, ... 217
 (b) Highest 253, on 20/2/36.
 (c) Lowest 185, on 9/8/36, and on other dates.
6. Number of surgical operations:
 (a) Under general or spinal anæsthesia, ... 113
 (b) Other operations, ... 41

B. OUT-PATIENTS.

1. Total number of persons seen in the out-patient department:
 Artificial Sunlight (Private), ... 17 cases
 Massage (Public Assistance), ... 3 cases
2. Total number of attendances in the out-patient department:
 Artificial Sunlight, ... 277 attendances
 Massage, ... 69 attendances

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
 There is a well-equipped operating theatre, with sterilizing room, attached to the Hospital Block of the Institution. The equipment is adequate for most major operations. A new operating table was purchased in 1935.
2. X-ray and physico-therapy equipment:—
 There is no X-ray installation, but patients are sent to the X-ray Department of the Royal Alexandra Infirmary, or, in the case of Tuberculosis patients, to the X-ray Department of the Russell Institute, Paisley. There is an artificial sunlight department equipped with two Carbon Arc Lamps, 1 Mercury Vapour Lamp, and apparatus for radiant heat.
 A masseuse attends twice weekly at the Institution.
3. Orthopædic equipment:—
 Splints, plaster jackets, etc., are provided on the order of the Visiting Medical Officers.
4. Laboratory equipment:—
 A microscope, staining materials, etc., are at the service of the Medical Officers, but most of the bacteriological specimens are sent to the Municipal Laboratory at the Infectious Diseases Hospital, Hawkhead Road, Paisley. At the V.D. Clinic, all bacteriological work is carried out by the staff, excepting Wassermann Tests,

which are sent to the Corporation Laboratory, Glasgow. Specimens from the mental wards are sent to the West of Scotland Neuro-Psychiatric Research Institute, Glasgow.

5. Any other special facilities (give details) :—
A Dentist is called in on the order of the Medical staff. Ophthalmic cases are referred to the Royal Victoria Eye Infirmary, Paisley.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer) :—
The Medical Officer of Health acts as Medical Officer to the Joint Committee responsible for the administration of the Institution.
2. State names and designation of other medical staff, whether resident, and whether whole-time officers :—
Dr. George Millar, Visiting Surgeon ; part-time.
Dr. Wm. H. Gibson, Visiting Physician ; part-time.
Dr. Charles M. Whiteford, Visiting Tuberculosis Physician ; part-time.
Dr. Barbara A. M'Geachy, Senior Resident Medical Officer ; whole-time.
Dr. Eliz. N. Christie, Junior Resident Medical Officer ; whole-time.
3. Arrangements for services of part-time medical staff—frequency of visits, etc. :—
Visiting Surgeon is responsible for surgical, gynæcological and venereal patients. Attends daily.
Visiting Physician is responsible for medical and mental patients. Attends daily.
Tuberculosis Physician, who is the local Clinical Tuberculosis Officer, visits three days weekly.
4. Arrangements for consultant and specialist services : —
Consultants and specialist services are available when required. Dr. M'Intyre for Gynæcological cases ; Dr. Gilchrist for Ophthalmic cases, attended during the year.

B. NURSING.

1. State particulars of nursing staff under the following heads :—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses (unregistered).	Male Nurses.
Numbers, ...	1	13	21	4	2
Average number of hours of duty per week, ...		55hrs.	56½hrs.	56½hrs.	60hrs.

2. State whether the institution is approved for nurses' training :—
Yes. In conjunction with the Royal Samaritan Hospital for women, Glasgow.

Health Services: Form 1.

RETURN: Year 1936.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Woodside House, Paisley.
2. Location of institution—William Street, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
 (a) Public Health Acts;
 (b) Section 27 of the Local Government (Scotland) Act, 1929;
 (c) Poor Law Acts.
 Under Poor Law Acts, excepting certain classes of patients.
5. Outside areas from which patients are accepted by arrangement with other Councils.
 No arrangements with other Councils.
6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis, ...	—	—	—	—
(b) Non-respiratory tuberculosis, ...	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases, ...	—	—	—	—
Maternity.	—	4	—	4
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Psychiatric†, ...	—	—	—	—
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat, dermatological—other than V.D.), ...	—	—	—	—
Children (fully 50% of beds are occupied by sick children), ...	—	—	66	66

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:

There is no out-patient provision.

Statistics for the year to 31st December, 1936.

A. IN-PATIENTS.

1.	Total number of admissions, ...	510
2.	Total number of patients discharged, ...	412
3.	Total number of deaths, ...	55
4.	Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges), ...	27
5.	Number of beds occupied:	
	(a) Average during the year, ...	43
	(b) Highest 73, on 10/1/36.	
	(c) Lowest 33, on 26/4/36.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæthesia, ...	Nil
	(b) Other operations, ...	Nil

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department, ...	Nil
2.	Total number of attendances in the out-patient department, ...	Nil

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
 There is no operating theatre provision. Cases requiring operation are transferred to the Hospital Wards in Craw Road Institution, Paisley.
 There is a well-equipped labour ward for maternity cases.
2. X-ray and physico-therapy equipment:—
 Cases requiring X-ray examination are referred to the X-ray department at the Royal Alexandra Infirmary, Paisley, or the Russell Institute, Paisley.
3. Orthopædic equipment:—
4. Laboratory equipment:—
 Nil. Specimens are sent to the Laboratory of the Burgh Infectious Diseases Hospital, Paisley.
5. Any other special facilities (give details):—
 A dentist is called in on the order of the Medical Staff.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer):—
 The Medical Officer of Health is responsible for the administration of the Institution.
2. State names and designation of other medical staff, whether resident, and whether whole-time officers:—
 Dr. W. H. Gibson, Visiting Physician to Craw Road Institution, Paisley, acts as Visiting Medical Officer. He visits daily and is on call at other times.
3. Arrangements for services of part-time medical staff—frequency of visits, etc.:—
4. Arrangements for consultant and specialist services:—
 The Visiting Medical Officer may call on the services of a Consultant Obstetric Surgeon, etc., when considered necessary.

B. NURSING.

1. State particulars of nursing staff under the following heads:—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses (unregistered).	Male Nurses.
Numbers.	1	4	3	—	—
Average number of hours of duty per week, ...		55hrs.	55hrs.		

2. State whether the institution is approved for nurses' training:—No.

Health Services: Form 1.

RETURN: Year 1936.

HOSPITALS AND CONVALESCENT HOMES.

Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.

1. Name of institution—Barshaw Maternity and Child Welfare Hospital.
2. Location of institution—Glasgow Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
 (a) Public Health Acts—Public Health Acts.
 (b) Section 27 of the Local Government (Scotland) Act, 1929.
 (c) Poor Law Acts.
5. Outside areas from which patients are accepted by arrangement with other Councils—Nil.

6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis,	—	—	—	—
(b) Non-respiratory tuberculosis,	—	—	—	—
(c) Venereal diseases,	—	—	—	—
(d) Smallpox,	—	—	—	—
(e) All other infectious diseases,	—	—	—	—
Maternity,	—	30	—	30
Gynæcological,	—	—	—	—
Orthopædic,	—	—	—	—
Chronic sick*,	—	—	—	—
Psychiatric†,	—	—	—	—
General medical,	—	—	—	—
General surgical ,	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat, dermatological—other than V.D.),	—	—	—	—
Children's ward (for children under 5 years),	—	—	10	10

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:—

A weekly ante-natal clinic is held at the hospital for cases referred by medical practitioners; if necessary, these cases are seen by the Consultant Obstetric Surgeon. Children requiring certain minor operations are treated as out-patients, are operated on during the forenoon, and sent home between 4 p.m. and 5 p.m. The Surgical Specialist also sees young children referred for diagnosis, etc., from the Child Welfare Clinics.

Statistics for the year to 31st December, 1936.

A. IN-PATIENTS.

1. Total number of admissions, ... 1064
2. Total number of patients discharged, ... 1047
3. Total number of deaths, ... 16
4. Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges), ... 11 days
5. Number of beds occupied:
 (a) Average during the year, ... 34
 (b) Highest 47, on 19/5/36.
 (c) Lowest 18, on 28-29/11/36.
6. Number of surgical operations:

(a) Under general or spinal anæsthesia—
Maternity Wards, ... 30
Children's Ward, ... 210
(b) Other operations, ... Nil

B. OUT-PATIENTS.

Ante-Natal Clinic:
(a) Number of patients, ... 247
(b) Number of attendances, ... 1900
Out-patient children:
(a) Number of operations, ... 20
(b) Number of consultations with Surgical Specialist, ... 16

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
There is an operating theatre, fully equipped for:
(1) All obstetrical operations;
(2) Minor operations in children under 5 years.

2. X-ray and physico-therapy equipment:—
Cases requiring X-ray examination are referred to the X-ray Department, Russell Institute, Paisley.
A Hanovia Lamp is available for Artificial Sunlight Treatment.

3. Orthopædic equipment:—
Plaster and splints are available for cases admitted to the Children's Ward.

4. Laboratory equipment:—
There is no laboratory. Specimens are sent to the laboratory at the Burgh Infectious Diseases Hospital, Paisley.

5. Any other special facilities (give details):—

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer):—
The Medical Officer of Health acts as Administrative Medical Officer.

2. State names and designation of other medical staff, whether resident and whether whole-time officers:—
An Assistant Medical Officer of Health, Dr. Margaret C. Gibson, acts as Resident Medical Officer.

3. Arrangements for services of part-time medical staff—frequency of visits, etc.:—
One member of the medical staff of the Public Health Department acts as "relief" to the Resident Medical Officer, and another member is always on call as Anæsthetist.

4 Arrangements for consultant and specialist services:—
(a) A Consultant Obstetric Surgeon visits when called upon by the Resident Medical Officer; he carries out all major operations, etc.
(b) The Surgical Specialist to the Children's Ward visits and operates one day per week and at other times when called on.

B. NURSING.

1. State particulars of nursing staff under the following heads:—

	Matron or Superintendent of Nurses	Trained Nurses.	Probationers.	Assistant Nurses (unregistered).	Male Nurses.
Numbers, ...	1	3 Sisters 7 Staff Nurses	7 Pupil Midwives	2	—
Average number of hours of duty per week, ...	57½hrs.	Day 55¼-58hrs. Night 72-82hrs.	58hrs.	58hrs.	

2. State whether the institution is approved for nurses' training:—
The Hospital is approved by the Central Midwives Board for Scotland as a training school for pupil midwives.

Health Services: Form 1.

RETURN: Year 1936.
HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Burgh Infectious Diseases Hospital (opened 10/7/36).
2. Location of institution—Hawkhead Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
(a) Public Health Acts—Public Health Acts.
(b) Section 27 of the Local Government (Scotland) Act. 1929.
(c) Poor Law Acts.
5. Outside areas from which patients are accepted by arrangement with other Councils.
No arrangements with other Councils. Occasionally, cases from Renfrew County are accepted.
6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males	Females	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis, ...	15	15	—	30
(b) Non-respiratory tuberculosis, ...	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases, ...	—	—	—	151
Maternity, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic.	—	—	—	—
Chronic sick*, ...	—	—	—	—
Psychiatric†, ...	—	—	—	—
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat—dermatological —other than V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:—

There is no out-patient provision. Cases of young children requiring care or observation after discharge are referred to the Child Welfare Clinics, one session weekly being conducted by the Resident Medical Officer.

Statistics for the year to 31st December, 1936.

A. IN-PATIENTS.

1. Total number of admissions, ... 1232
2. Total number of patients discharged, ... 1115
3. Total number of deaths, ... 107
4. Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges):
 - Tuberculosis, ... 134 days
 - Other diseases, ... 24 days
5. Number of beds occupied:
 - (a) Average during the year, ... 101
 - (b) Highest 149, on 6/11/36.
 - (c) Lowest 78, on 29/8/36.
6. Number of surgical operations:
 - (a) Under general or spinal anæsthesia, ... 12
 - (b) Other operations, ... Nil

B. OUT-PATIENTS.

1. Total number of persons seen in the out-patient department, ... Nil

2. Total number of attendances in the out-patient department, ... Nil

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
 There is an operating theatre with full equipment for major operations.
 A sideroom in the Diphtheria Ward is used as an operating room for cases requiring tracheotomy.

2. X-ray and physico-therapy equipment:—
 There is no X-ray equipment, but suitable cases are referred to the X-ray Department at the Russell Institute, Paisley.
 There are two portable Artificial Sunlight Lamps, one reserved for the Tuberculosis Ward.

3 Orthopædic equipment:—Nil.

4. Laboratory equipment:—
 There is a bacteriological laboratory, where all the routine bacteriological work of the Burgh is carried out by the two Resident Medical Officers. Wassermann Tests are carried out in the Municipal Laboratory of the City of Glasgow.

5. Any other special facilities (give details):—Nil.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer):—

 The Medical Officer of Health acts as Medical Superintendent and Visiting Physician.

2. State names and designation of other medical staff, whether resident, and whether whole-time officers:—
 Dr. A. B. Semple, Senior Resident Medical Officer; Dr. Norman M. MacDonald, Junior Resident Medical Officer—Whole-time officers.

3. Arrangements for services of part-time medical staff—frequency of visits, etc.:—
 The Clinical Tuberculosis Officer acts as Visiting Physician to the Tuberculosis Ward. He visits at least four times weekly.

4. Arrangements for consultant and specialist services:—
The Consultant Obstetric Surgeon at the Maternity Hospital visits cases of Puerperal Fever and Puerperal Pyrexia when called on by the Resident Medical Officer.

One of the Visiting Surgeons at the Royal Alexandra Infirmary, Paisley, carries out any operative work required.

B. NURSING.

1. State particulars of nursing staff under the following heads:—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses. (unregistered).	Male Nurses.
Numbers, ...	1	7 Sisters 11 Staff Nurses	24	—	—
Average number of hours of duty per week, ...		48hrs. 60hrs.	60hrs.		

2. State whether the institution is approved for nurses' training:—

Yes. Approved by the General Nursing Council for Scotland as a training school for Fever Nurses.

Medical Report on Craw Road Institution.

In accordance with the instructions of the Department of Health for Scotland, I submit the annual report on the medical aspects of the administration of Craw Road Institution for the year 1936. I am much indebted to Dr. Barbara A. M'Geachy, Senior Resident Medical Officer, who has furnished me with the statistical data included in the report, and who has also been most helpful in giving her opinions on the adequacy of the medical services provided in the Institution.

The suitability of the Institution from a medical standpoint was reviewed a few years ago by the officers of the Department of Health for Scotland, who later issued a report on the various Institutional Services in the County of Renfrew. It may be said that the present view of the Department is that no further hospital developments should take place at Craw Road Institution, but that any future extensions of general hospital accommodation should take place on the site of the new Infectious Diseases Hospital at Hawkhead. That official view must, therefore, be kept in mind in considering any future policy regarding the hospital accommodation at Craw Road. The Institution is now administered by a Joint Committee, 7 members from Paisley Town Council, and 3 from Renfrew County Council.

General Staffing and Organisation.—The administration of the whole Institution is in the capable and experienced hands of Mr. Hugh Black, the Governor.

Medical Staff.—There are two Resident Medical Officers, who work under the direction of the Visiting Medical Staff. Dr. George Millar is the Visiting Surgeon. Dr. William Gibson is the Visiting Physician, and Dr. Whiteford, Clinical Tuberculosis Officer, acts as Visiting Physician to the Sanatorium Wards. The Visiting Surgeon and Physician visit the patients daily.

Medical Care of Inmates.—The various departments of the Institution are visited daily, and ordinary inmates have the opportunity of consulting the resident medical officers at a fixed hour twice daily. The inmates in the Ordinary Wards are examined and classified every quarter, the mental patients half-yearly.

Children and Young Persons.—Children and young persons who come under the care of the Public Assistance Department are admitted to Woodside House. Surgical cases admitted to Woodside House are usually transferred

for treatment to Craw Road Institution. There are also children suffering from non-pulmonary tuberculosis in the Sanatorium Wards.

Diets.—All the diets in use are approved by the Department of Health for Scotland, and extras may be added at the discretion of the Medical Officers. The quality, quantity, and the cooking of food remain satisfactory.

Nursing Staff.—The staff of nurses is as large as the accommodation permits. The exchange of nurses with the Royal Samaritan Hospital for Women, Glasgow, continues to prove satisfactory. Lectures for nurses are given by the Resident Medical Officers and the Assistant Matron, and during the year, 5 nurses passed the final examination held by the General Nursing Council for Scotland.

Inmate Labour.—Towards the end of 1935, the Joint Committee agreed to dispense with inmate labour in the Hospital, and to replace it with a paid domestic staff as soon as the necessary accommodation could be provided. This welcome decision should help materially to raise the standard of the Municipal Hospital Service. Plans for the extra accommodation have been approved by the Department of Health.

Heating, Ventilation, and Equipment.—The heating, ventilation and equipment of the wards is generally satisfactory. In the case of the operating theatre, where the exposure is due south, an extraction fan has been provided.

Dispensing of Medicines, etc.—The dispensing of medicines, etc., for the Hospital is carried out daily by the Resident Medical Officers.

X-Ray Diagnosis.—Where necessary, patients in the ordinary hospital wards are referred for X-ray examination to the Royal Alexandra Infirmary; 78 cases were X-rayed there during 1936 at a cost of £105. Tuberculosis cases are X-rayed at the Russell Institute, where during the year 67 cases were examined, as follows:—Lungs, 55; Spine, 2; Hip and Pelvis, 4; Bones and Joints, 6.

Massage.—A qualified masseuse attends twice weekly. In-patients are referred to her by the medical staff, and, from time to time, out-patients are referred by the Public Assistance Department.

Infectious Diseases.—Cases of Infectious Diseases are removed at once to the Burgh Infectious Diseases Hospital. Diseases of the Skin are treated in a Special Ward in the Infirm Block.

Venereal Diseases.—There is a special ward for the treatment of acute cases who require indoor treatment and who are unable to attend as out-patients at the Special Treatment Clinic. An interesting feature of the work in this ward in recent years has been the admission of pregnant mothers suffering from venereal disease, and the results of treatment of such cases have been very satisfactory. 113 specimens of blood were sent to the Public Health Department for Wassermann Tests.

Cancer.—Cases of cancer suitable for radium treatment may be transferred to the Cancer Hospital, Glasgow. 4 cases were treated in the Institution with radium loaned by the Royal Alexandra Infirmary.

Dental Service.—A local dental surgeon attends at the hospital, when required, to treat patients referred by the Medical Staff, and also some cases referred by the Public Assistance Department. During 1936, 145 cases received dental treatment.

Laboratory Services.—Pathological specimens are referred for examination to the following laboratories:—(1) Municipal Laboratory, Infectious Diseases Hospital, Paisley; (2) Corporation Laboratory, Glasgow; (3) West of Soctland Neuro-Psychiatric Research Institute, Glasgow.

Statistical Record.

The admissions, discharges, and deaths in connection with the Hospital, St. Margaret's Hospital, Sanatorium, and Observation Wards are shown in the following table:—

Sick List.

	M.	W.	B.	G.	Total
Resident at 31st December, 1935, ...	117	95	11	8	231
Admitted during year (including transfers),	839	466	69	41	1415
Total under treatment, ...	956	561	80	49	1646

Discharged:—

	M.	W.	B.	G.	Total
Cured, ...	246	158	44	26	474
Improved,	376	172	14	10	572
No Change,	95	70	4	2	171
Died, ...	120	85	3	3	211
	837	485	65	41	1428
Remaining at 31st December, 1936,	119	76	15	8	218

CLASSIFICATION OF DISEASES.

Medical Diseases.

Diseases of the Circulatory System.

Arterio-sclerosis,	17
Cardiac,	126
Endacteritis,	1
Hyperpiesia,	10
Tachycardia,	1
	155

Diseases of the Respiratory System.

Asthma,	29
Bronchitis,	75
Chill,	28
Emphysema,	1
Fibrosis of Lungs,	4
Hæmoptysis,	4
Influenza,	14
Laryngitis,	9
Pleurisy,	14
Pneumonia-broncho,	18
Pneumonia-influenzal,	5
Pneumonia-lobar,	19
Quinsy,	4
Tonsillitis,	2
	226

Diseases of the Nervous System.

Cerebral hæmorrhage,	25
Cerebral thrombosis,	1
Concussion,	3
Delirium tremens,	1
Disseminated sclerosis,	5
Epilepsy,	24
Facial paralysis,	2
General paralysis of the insane,	1
Gumma of brain,	1
Headache,	2
Hemiplegia,	13
Herpes Zoster,	1
Hysteria,	1
Locomotor ataxia,	3

Mental alienation,	1	
Mental deficiency,	1	
Migraine,	1	
Nervous debility,	2	
Neuralgia,	1	
Neurasthenia,	14	
Neuritis,	3	
Paralysis,	3	
Paralysis agitans,	2	
Paraplegia,	3	
Paresis,	4	
Sciatica,	10	
Senile Dementia,	1	
Spastic paraplegia,	2	
Virtigo,	1	
		132

Diseases of Alimentary System.

Cholecystitis,	4	
Colic,	4	
Colitis,	1	
Constipation,	7	
Duodenal ulcer,	2	
Dyspepsia,	3	
Enteritis,	10	
Gastric ulcer,	4	
Gastritis,	27	
Hæmatemesis,	2	
Marasmus,	4	
		68

Diseases of the Urinary System.

Cystitis,	15	
Enlarged prostate,	1	
Hæmaturia,	4	
Incontinence,	1	
Nephritis,	9	
Orchitis,	2	
Phimosis,	1	
Pyelitis,	9	
Renal calculus,	2	
Renal colic,	2	
Retention,	5	
Stricture,	3	
Suppression of urine,	1	
Uræmia,	2	
		57

Other Medical Diseases.

Alcoholism,	4
Anæmia,	3
Arthritis,	7
Cataract,	1
Catarrhal jaundice,	1
Chorea,	1
Cirrhosis of liver,	1
Coccodynia,	1
Debility,	31
Dermatitis,	10
Diabetes,	5
Earache,	1
Eczema,	7
Erysipelas,	1
Exposure,	1
Fibrositis,	5
Impetigo,	5
Infancy,	6
Interstitial keratitis,	1
Lumbago,	11
Metatarsalgia,	2
Myeloid leukæmia,	2
Myxœdema,	3
Obesity,	1
Panniculitis,	1
Parkinsonian disease,	1
Pediculitis capitis,	1
Pernicious anæmia,	5
Phlebitis,	3
Pleurodynia,	8
Prurigo,	1
Psoriasis,	1
Rheumatism,	32
Rheumatoid Arthritis,	5
Rickets,	2
Ringworm,	1
Scabies,	14
Senility,	42
Spondylitis,	1
Tape worm,	1
Teething convulsions,	1
Urticaria,	3
	234

Surgical Diseases.

Abscess,	17
Adenitis,	1
Appendicitis,	12
Bruises,	1
Bubo,	1
Bunion,	1
Burn,	4
Bursitis,	1
Carbuncle,	1
Cellulitis,	6
Circumcision,	1
Cyst,	3
Dacrocystitis,	1
Dental Caries,	9
Dislocation,	2
Fistula,	1
Fracture,	21
Furunculosis,	2
Gangrene,	6
Hæmorrhoids,	12
Hallux valgus,	1
Hernia,	16
Injury,	23
Intestinal obstruction,	1
Intussusception,	1
Ischio lectal abscess,	1
Lipoma,	1
Loose Cartilage,	1
Lymphangitis,	1
Mastitis,	2
Osteomyelitis,	3
Otitis media,	4
Otorrhœa,	1
Perineal laceration,	1
Peritonitis,	1
Prolapse of rectum,	3
Rectal fissure,	1
Sepsis,	17
Septicæmia,	1
Spina bifida,	1
Spinal caries,	1
Sprain,	1
Strangulated hernia,	3
Tonsils and adenoids,	12

Tumour,	3	
Ulcer,	20	
Varicose ulcer,	4	
		228

Midwifery and Gynæcology.

Abortion,	21	
Amenorrhœa,	1	
Cæsarian section,	2	
Eclampsia,	1	
Ectopic pregnancy,	2	
Hæmatocolpos,	1	
Hyperemesis gravidæum,	2	
Leucorrhœa,	1	
Menorrhagia,	2	
Miscarriage,	3	
Ovarian cyst,	1	
Phlegmasia alba dolens,	1	
Pregnancy,	5	
Prolapse of uterus,	1	
Salpingo oöphoritis,	1	
Subinvolution of uterus,	1	
Uterine hæmorrhage,	1	
		47

Tuberculous Diseases.

Tuberculosis of lungs,	55	
Tuberculosis of abdomen, bones and joints,	32	
		87
Mental Cases for Observation,		96
No Abnormality Discovered,		2

Venereal Diseases.

Syphilis,	13	
Gonorrhœa,	33	
Ophthalmia neonatorum,	2	
		48
Births,		6
Malignant Disease,		29
Total,		1415

Operations.

During the year 154 operations were performed—
Major, 60; Minor, 94

There were two post-operative deaths.

Deaths.

During the year 211 patients died. The causes of death were as follows:—

Diseases of the Circulatory System.

Aortic regurgitation,	1	
Arterio sclerosis,	3	
Auricular fibrillation,	1	
Chronic endocarditis,	3	
Myocardial degeneration,	22	
Myocarditis,	30	
		60

Diseases of Respiratory System.

Asthma,	1	
Chronic bronchitis,	1	
Laryngitis,	1	
Pneumonia-broncho,	12	
Pneumonia-lobar,	4	
		19

Diseases of the Nervous System.

Basal meningitis,	1	
Cerebral hæmorrhage,	35	
Cerebral softening,	1	
Disseminated sclerosis,	1	
Epilepsy,	1	
Gumma of brain,	1	
Hemiplegia,	1	
Locomotor ataxia,	2	
Paralysis agitans,	1	
Post operative shock,	1	
Subacute combined degeneration of the cord,	1	
Teething convulsions,	1	
		47

Malignant Disease.

Carcinoma of breast,	2	
Carcinoma of cervix of uterus,	3	
Carcinoma of colon,	7	
Carcinoma of jaw,	1	
Carcinoma of liver,	1	
Carcinoma of œsophagus,	2	
Carcinoma of pelvis,	1	
Carcinoma of prostate,	1	
Carcinoma of Rectum,	2	
Carcinoma of Stomach,	4	
Carcinoma of Tongue,	1	
Carcinoma of uterus,	2	
		27

Other Diseases.

Cellulitis,	1	
Chronic mastoiditis,	1	
Chronic nephritis,	1	
Cirrhosis of liver,	1	
Congenital debility,	1	
Diabetes,	3	
Eclampsia,	1	
Enteritis,	1	
Enlarged prostate,	3	
Exposure and weather agencies,	1	
Fracture of femur,	1	
Fracture of humerus,	1	
Gangrene (senile),	6	
Gastric ulcer,	1	
Genital abscess,	1	
Mycloid heutæmia,	1	
Pyelitis,	1	
Pyosalpinx (G.C.),	1	
Recto-vesical fistula,	1	
Senility,	8	
Strangulated umbilical hernia,	1	
Uræmia,	1	
Urethritis,	1	
		39

Tuberculosis.

Tuberculosis of abdomen,	3	
Miliary or general tuberculosis,	1	
Tuberculosis of lungs,	14	
Tuberculosis of spine,	1	
		19
Total,		211

19 patients were moribund on admission.

Post-mortem examinations were carried out in 7 cases and permission was refused in several others.

Mental Wards.

	M.	F.	Total
Resident at 31st December, 1935,	49	53	102
Admitted during year,	3	4	7
Total treated,	52	57	109

	M.	F.	Total			
Discharged, relieved,	1	—	1			
Died,	6	4	10			
				7	4	11
Resident at 31st December, 1936,				45	53	98

Diseases for which cases were admitted:—

Delusional insanity,	3	
Mental deficiency,	1	
Senile dementia,	3	
	—	7

Causes of death:—

	M.	F.	Total
Myocardial degeneration,	2	1	3
Endocarditis,	—	1	1
Dementia,	1	—	1
Pernicious anæmia,	1	—	1
Lobar pneumonia,	1	—	1
Pulmonary abscess (non-tuberculous),	1	—	1
Cerebral softening,	—	1	1
Carcinoma of breast,	—	1	1
	6	4	10

Post-mortem examinations, 4

Observation Wards.

	M.	W.	Chn.	Total
Resident at 31st December, 1935,	2	6	—	8
Admitted during year,	43	50	3	96
Total under treatment,	45	56	3	104

	M.	W.	Chn.	Total				
Discharged:—								
Cured,	13	8	1	22				
Improved,	18	16	—	34				
No change,	4	4	2	10				
Transferred:—								
To Broadfield Certified Institution,	—	1	—	1				
,, Lunatic Wards of Institution,	—	4	—	4				
,, Riccartsbar Mental Hospital,	6	13	—	19				
,, Renfrew District Asylum,	—	7	—	7				
Died,	1	1	—	2				
					42	54	3	99
Resident at 31st December, 1936,					3	2	—	5

Diseases for which Patients were Admitted.

	Male.	Female.
Alcoholism,	6	—
Concussion,	1	—
Confusion,	10	6
Delusional insanity,	7	11
Dementia præcox,	—	5
Diabetic fits,	1	—
Epilepsy,	1	4
Hypochondria,	1	1
Hysteria,	1	4
Loss of memory,	—	2
Menopausal depression,	—	1
Mental deficiency,	5	1
Moral delinquent,	1	2
Puerperal mania,	—	1
Senile dementia,	3	2
Toxic confusion,	2	1
State of mental depression,	2	5
State of mental excitement,	3	6
	44	52

ARTIFICIAL SUNLIGHT DEPARTMENT.

Treatments given during the year were as follows:—

	Carbon Arc.	Mercury Vapour.	Radiant Heat.	Total.
Hospital patients, ...	1410	326	62	1798
Private patients, ...	259	198	—	457
				2255

The Hospital patients numbered 69, and the types of cases, including 25 tuberculous cases, were as follows:—

T.B. abdomen,	8
Abscess,	5
Anæmia,	1
Arthritis,	4
T.B. Bones,	5
Bronchitis,	1
Cellulitis,	1
T.B. Lungs,	6
Debility,	16
Eczema,	2
Glands,	3
T.B. Glands,	2
Hernia,	1
Impetigo,	1
T.B. Kidney,	2
Neuritis,	1
Osteomyelitis,	1
Pneumonia,	2
Psoriasis,	1
Rheumatism,	2
Rickets,	1
Sciatica,	1
T.B. Spine,	2
Total, ...	69

REPORT ON WOODSIDE HOUSE.

Woodside House, which took the place of Auchentorlie House, in July, 1933, is primarily a Poor Law Children's Home and provides approximately 70 beds for the accommodation of healthy children, sick children, and unmarried mothers. The accommodation provided is exceptionally good for the purpose of a Children's Home. Modern medical opinion is, however, adverse to the policy of accommodating sick children in what is primarily a Children's Home like Woodside House, and the Department of Health for Scotland are strongly in favour of providing hospital accommodation for the sick children in Woodside House at the new Municipal General Hospital proposed to be established at Hawkhead.

I subjoin tables giving the principal statistics for the year 1936, for the compilation of which I am much indebted to the Inspector of Public Assistance and his Staff. These tables give full particulars regarding the cases on the sick list and also the maternity cases.

Sick list cases numbered 510 as compared with 424 during 1935. Deaths numbered 55, of which 44 were infants under one year; deaths during 1935 were 43. The causes of death will be found on the statistical tables. There were 17 deaths due to pneumonia, and 18 to enteritis.

There were 41 admissions to the maternity ward, as compared with 44 during 1935. 39 infants were born. The results may fairly be claimed as satisfactory, the statistics showing that there were no maternal deaths, no neo-natal death, 2 still births, and only 1 case of puerperal morbidity.

I have again to record my sincere thanks to Miss Farries, Matron, and her Staff for their willing work throughout the year, and also to Dr. W. G. Gibson, Visiting Physician, for his continued and willing co-operation.

Statistics for the year 1936.

	W.	B.	G.	Total
Resident at 31st December, 1935, ...	9	25	35	69
Admitted during year, ...	52	249	202	503
Total chargeable during year, ...	61	274	237	572

	W.	B.	G.	Total				
Left and otherwise removed,	53	213	197	463				
Died, ...	—	36	19	55				
					53	249	216	518
Resident at 31st December, 1936, ...					8	25	21	54

Highest number of patients resident was 83, the lowest number 35, and the average daily number throughout the year was 50.

Sick List.

	W.	B.	G.	Total
On Sick List at 31st December, 1935, ...	9	22	30	61
Admitted during year, ...	49	223	177	449
Total treated during year, ...	58	245	207	510

Discharged:—	W.	B.	G.	Total				
Cured, ...	35	141	124	300				
Improved, ...	9	46	35	80				
Left and otherwise removed, ...	6	5	11	22				
Died, ...	—	36	19	55				
					50	228	198	467
On Sick List at 31st December, 1936, ...					8	17	18	43

Classified according to Authority responsible for maintenance, the total sick treated can be divided as follows:—

	W.	B.	G.	Total
Town Council of Paisley:—				
(a) Public Assistance Department, ...	30	59	56	145
(b) Maternity and Child Welfare Department,	25	131	127	283
County of Renfrew—Public Assistance Department,	2	54	23	79
County of Bute—Public Assistance Department, ...	1	—	—	1
Burgh of Clydebank—Public Assistance Dept.,	—	1	—	1
Burgh of Port Glasgow—Public Assistance Dept.,	—	—	1	1
	58	245	207	510

Births.

During the year there were 39 children born. Since the opening of Auchentorlie House on 15th December, 1910, there have been 726 births, to which have to be added 141 births in Woodside House—a total of 867 births.

Deaths.

The number of deaths throughout the year was 55, as compared with 43 during 1935. 44 deaths occurred in infants under 1 year. The subjoined table gives the causes of death:

Age.	Cause of Death.
11 months.	Teething and convulsions.
9 months.	Teething and convulsions.
10 months.	Broncho-pneumonia.
7 weeks.	Broncho-pneumonia.
10 months.	Broncho-pneumonia.
7 weeks.	Broncho-pneumonia.
19 months.	Broncho-pneumonia.
10 months.	Broncho-pneumonia.
4 months.	Broncho-pneumonia.
10 months.	Hydrocephalus.
4 months.	Broncho-pneumonia and convulsions.
14 months.	Broncho-pneumonia and convulsions.
7 months.	Pneumonia.
1 year.	Pneumonia.
7 weeks.	Pneumonia.
6 weeks.	Convulsions and pneumonia.
11 months.	Broncho-pneumonia, teething and convulsions.
9 months.	Broncho-pneumonia and enteritis.
8 months.	Broncho-pneumonia and teething.
10 months.	Broncho-pneumonia, teething and enteritis.
9 months.	Gastro-enteritis.
15 months.	Gastro-enteritis.
6 months.	Gastro-enteritis.
8 months.	Gastro-enteritis.
10 months.	Gastro-enteritis and convulsions.
3½ years.	Acute gastro-enteritis and convulsions.
17 months.	Acute gastro-enteritis.
4 weeks.	Acute gastro-enteritis.
15 months.	Acute gastro-enteritis.
7 weeks.	Acute enteritis.
15 months.	Acute enteritis.
6 months.	Acute enteritis.
4 months.	Enteritis and marasmus.
3 months.	Marasmus and enteritis.
9 weeks.	Gastro-enteritis and marasmus.
14 months.	Gastro-enteritis and marasmus.
6 months.	Gastro-enteritis.
3 months.	Gastro-enteritis and marasmus.
3 months.	Enteritis.
6 months.	Marasmus.
5 months.	Marasmus.
10 weeks.	Marasmus.
3 months.	Congenital debility and enteritis.
2 weeks.	Prematurity.

Age.	Cause of Death.
2 months.	Prematurity.
2 months.	Marasmus and prematurity.
19 months.	Whooping cough and convulsions.
6 months.	Marasmus and teething.
10 months.	Teething and marasmus.
7 months.	Simple meningitis and teething.
10 months.	Abscess of neck.
5 months.	Bronchitis, gastro-enteritis.
10 months.	Abscess of neck and toxæmia.
3 years.	Hypostatic pneumonia and mental deficiency.
3 months.	Congenital diverticulum of the Oesophagus

CLASSIFICATION OF DISEASES.

Diseases of Respiratory System.

Bronchitis,	36	
Bronchial catarrh,	23	
Bronchitis and gastritis,	1	
Bronchitis and marasmus,	4	
Pleurisy,	2	
Pneumonia,	20	
Pneumonia-broncho,	33	
Pneumonia-basal,	1	
Chill,	1	
Tonsillitis,	1	
		— 122

Diseases of Nervous System.

Chorea,	2	
Convulsions,	5	
Mentally deficient,	2	
Meningitis,	3	
Infantile paralysis,	1	
Hydrocephalus,	2	
Blindness,	1	
		— 16

Diseases of Alimentary System.

Enteritis,	33	
Gastritis,	11	
Gastro-enteritis,	42	
Gastro-enteritis and stomatitis,	3	
Enteritis and marasmus,	5	
Gastro-enteritis and convulsions,	1	
		— 95

Diseases of Genito-Urinary System.

Nil.

Other Medical Diseases.

Anæmia,	1	
Debility,	11	
Dermatitis,	2	
Diarrhœa,	2	
Eczema,	9	
Impetigo,	9	
Influenza,	3	
Marasmus,	5	
Otitis-media,	1	
Stomatitis,	6	
Scabies,	19	
Rheumatism,	7	
Psoriasis,	1	
Teething,	3	
Pyrexia of unknown origin,	3	
Intertrigo,	1	
Rickets,	1	
Febricula,	1	
Skin disease,	1	
V.D.H.,	1	
	—	87

Surgical Diseases.

Abscesses,	5	
Adenitis,	2	
Burns,	1	
Accidents,	2	
Furunculosis,	2	
Injury to clavicle,	1	
Injury to muscles of groin,	1	
Prolapse of rectum,	1	
Whitlow and lymphadenitis,	1	
	—	16

Infectious Diseases.

Tuberculosis,	1	
	—	1
Pregnancy,	49	
Infants under 2 years (no specific disease),	63	
	—	112

Statistics of Work in Maternity Wards.

(1)	Number of admissions,		41
	(a) Ante-natal,	0	
	(b) Natal,	39	
	(c) Post-natal,	2	
	Of the total admissions, 38 were Paisley cases, and 3 were County cases.		
(2)	(a) Number of admissions of married women,		19
	(b) Number of admissions of unmarried women,		22
(3)	Total number of deliveries,		39
	(a) Full-term,	38	
	(b) Premature,	1	
(4)	(a) Number of normal deliveries without medical assistance,		36
	(b) Number of normal deliveries with medical assistance,		0
	(c) Number of abnormal deliveries,		3
	Forceps cases, 2; Placenta prævia, 1.		
(5)	Total number of infants born,		39
	(a) Live infants,	37	
	(b) Still-born infants,		2
(6)	Number of neo-natal deaths (death of infants under 8 days),		Nil
(7)	Number of maternal deaths,		Nil
(8)	Number of cases of puerperal morbidity,		1
	(B.M.A. standard—temperature reaching 100° F. or more on two or more occasions between the end of the 1st and the end of the 8th day after delivery.)		
	(a) Normal deliveries,	1	
	(b) Abnormal deliveries,	Nil	

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1936.
Total number of Births (corrected), ...	1694
Number of Illegitimate Births (corrected), ...	58
,, Births in 1-roomed houses, ...	145
,, Births in 2-roomed houses, ...	497
,, Births in 3- or more roomed houses, ...	229
,, Births in 1-roomed houses where the parents were lodgers, ...	23
,, Births in 2-roomed houses where the parents were lodgers, ...	33
,, Births in 3-roomed houses where the parents were lodgers, ...	29
,, Births in Barshaw Hospital, ...	663
,, Births in Other Institutions, ...	38
,, Births in Caravans, ...	2
,, Premature Births, ...	31
,, Infants " breast-fed " at first visit, ...	1301
,, Infants " bottle-fed " at first visit, ...	220
,, Infants partly breast and partly bottle-fed at first visit, ...	34

STILL-BIRTHS DURING 1936 — Total 72.

Probable Causes in 72 Cases.

Accident to Mother, ...	1	Hydrocephalic and Spina Bifida, ...	1
Accidental Hæmorrhage, ...	7	Placenta Prævia, ...	2
Anencephalic, ...	7	Prematurity, ...	9
Cord Round Neck, ...	2	Prolapsed Cord, ...	2
Instrumental Delivery, ...	8	Cause Unknown, ...	8
Malpresentation, ...	5	Illness of Mother, ...	3
Kidney Disease in Mother,	12	Siamese Twins, ...	2
Hydrocephalic, ...	3		

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1936.
Number of Sessions,	150
Number of expectant mothers attending,	935
Total Attendances,	4510
Number of First Attendances,	793
Average Attendance per Session,	30

Sources from which Cases were drawn:—

1. Recommended by midwives,	150
2. Referred from doctors,	76
3. Unrecommended,	561
4. Recommended by Public Health Staff,	6

Classification of Conditions:—

Albuminuria,	14	In Labour,	2
Anæmia,	40	Malposition of Gravid Uterus,	2
Chronic Nephritis,	2	Multiple Pregnancy,	5
Chorea,	1	Normal Pregnancy,	231
Dental Caries,	68	Not Pregnant,	5
Debility,	27	Pyelitis,	8
Digestive Disturbances,	98	Previous Miscarriages and Still-births,	1
Doubtful Pregnancy,	17	Threatened Abortion or Miscarriage,	6
Gynæcological Conditions,	16	Tuberculosis,	2
Malpresentation,	17	Venereal Disease,	4
Varicose Veins,	24	Vaginal Discharge — non venereal,	13
Minor Ailments,	154	Respiratory Conditions,	42
Cardiac Disease,	22	Skin Conditions,	3
Bad Obstetric History,	1	Pseudocyesis,	1
Goitre,	1		
Missed Abortion,	1		
Incomplete Abortion,	2		

87 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

THE RUSSELL INSTITUTE.

CLINICS FOR MOTHERS AND CHILDREN.

	1936.
Number of sessions,	356
,, new patients attending,	1158
,, old patients re-attending,	1531
Total attendances,	15799
Average attendance per session,	44.37
Number of infants under 1 year attending,	1057
,, children, 1-5 years, attending,	1632
,, illegitimate children attending,	—

Methods of feeding of infants at first visit:—

1. Breast,	455
2. Bottle,	234
3. Breast and bottle,	44
Children referred to Hospitals,	212
Number of nursing mothers attending,	617
Total attendances of nursing mothers,	3193

Classification of Cases according to Disease:—

A—Children:—

Adenitis,	25	Infectious Diseases,	24
Congenital Defects,	4	Injury,	11
Debility,	318	Intestinal Parasites,	31
Dental Caries,	151	Phimosis,	75
Diseases of the Skin,	218	Prematurity and Birth Debility,	24
Ear Affections,	42	Respiratory Conditions,	328
Throat and Nose Disorders,	98	Rickets,	33
Eye Conditions,	55	Surgical Conditions (excluding Throat and Nose),	32
Engorged Breasts,	17	Tuberculosis,	2
Gastra Intestinal Disorders,	304	Umbilical Conditions,	42
Genito Urinary Disorders,	15	Healthy Children,	653
Icterus Neonatorum,	3	Mental Defects,	2
Stomatitis,	11	Minor Ailments,	36
Birth Injury,	3	Vaginitis,	1
Acquired Deformities,	1	Under Weight,	121
Diseases of the Nervous System,	1		

B—Nursing Mothers:—

Agalactia,	122	Tuberculosis,	2
Anæmia,	25	Digestive Disorders,	9
Cracked Nipples,	10	Healthy,	256
Debility,	103	Mastitis,	10
Dental Caries,	22	Minor Ailments,	36
Hæmorrhoids,	3	Respiratory Conditions,	8
Cardiac Conditions,	1	Skin Conditions,	6
Gynaecological Conditions,	1	Vaginal Discharge,	3

SUMMARY OF WORK AT DENTAL CLINIC.

	1930	1931	1932	1933	1934	1935	1936
Total attendances,	1,223	1,200	947	694	1,006	1,076	1,183
Extractions,	856	919	645	488	917	963	751
Dressings, fillings, etc.,	458	427	252	188	270	316	416
Number of new patients attending	453	470	365	301	372	420	393

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1936.

General Report on the Working of the Acts.

Total number of Midwives on roll, ... 17
Number of Midwives holding C.M.B. Certificate, 9

The Assistant Medical Officer (M. & C.W.) paid 29 domiciliary visits to Midwives throughout the year, and also had 24 personal interviews at the Public Health Office; she reports that, in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 15, as compared with 25 during the previous year. Of these, 11 occurred in the practice of midwives, compared with 21 during the previous year. In 13 cases, smears were taken for bacteriological examination, of which 9 were in the practice of midwives. 3 cases were found to be due to a gonococcal infection, none of which were in the practice of midwives. 10 cases were negative, and, in the remaining 2 cases, both in the practice of midwives, no smear could be obtained. 54 domiciliary visits were paid to these cases by the Assistant Medical Officer and the Health Visitors. 1 serious case was referred to the local Eye Infirmary for treatment as an out-patient. 2 severe cases were admitted as in-patients to the Infectious Diseases Hospital. No impairment of vision resulted in any case.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Births in Area:

Total number of births during 1936, ... 1760

Total number of deaths of new-born children (within 10 days) during 1936, ... 50

Actual number of births attended by midwives during 1936, ... 530

Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1936, ... 10

Actual number of cases not attended by a doctor or midwife during 1936:—

Births , ...	0
Deaths, ...	0

Cases of Ophthalmia Neonatorum:

Total number of cases during 1936, ...	15
Actual number of cases occurring in the practice of midwives during 1936, ...	11
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1936, ...	0

Cases of Puerperal Sepsis:

Total number of cases during 1936, ...	6
Total number of deaths during 1936, ...	1
Actual number of cases occurring in the practice of midwives during 1936, ...	2
Actual number of deaths occurring in the practice of midwives during 1936, ...	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1936:—	
Cases (Abortion), ...	1
Deaths, ...	0

Cases of Puerperal Pyrexia:

Total number of cases during 1936, ...	25
Total number of deaths during 1936, ...	4
Actual number of cases occurring in the practice of midwives during 1936, ...	8
Actual number of deaths occurring in the practice of midwives during 1936, ...	2
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1936:—	
Cases (Abortion), ...	1
Deaths, ...	0

Cases of Still-Birth:

Total number of cases during 1936, ...	72
Actual number of cases occurring in the practice of midwives during 1936, ...	10

Cases of Emergency:

Number of cases in which medical practitioners were called in under Section 22 of the Act,	113

BURGH OF PAISLEY. N.M. & C.F. & M./No. 44, 1936.

PART II.

Statement showing quantity and cost of milk, milk substitutes and other food supplied under Maternity and Child Welfare Schemes to expectant and nursing mothers and children under 5 years of age during the year ended 31st December, 1936.

	Mothers.	Chn.
1. No. of persons supplied with liquid milk,	—	90
2. Liquid Milk—Total quantity supplied (gallons), ... Ordinary milk only supplied.	—	376 galls.
3. Dried milk and other milk substitutes,	—	—
4. Other food preparations*		
Dinners for mothers, ...	502 dinners	—
Virol		Approx. 196 lbs.
Emulsion for Children, ...	—	101 galls.
Malt and Oil		2,052 lbs.

5. Total cost to local authority, ...	(2)	£ 33	19 0
(Show under Heads 2, 3 and 4 separately, if possible). Approx., ...	(3)	£ 0	0 0
	(4)	£117	6 8
Total, ...		£151	5 8
Amount recovered by local authority, ...		£ 0	0 0
Net Cost, ...		£151	5 8

NOTE.—If exact figures under the above headings are not available, an approximate figure may be given.

*Include such dietary supplements as cod liver oil, malt extracts, etc., and any provision made for cooked meals.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for year ending 31st December, 1936.

Maternity Wards.

Number of Admissions during 1936,		815
Ante-natal,	181	
Natal,	599	
Post-natal,	13	
Abortions,	22	

Average daily number of patients in residence:—

January,	27.7	27.62
February,	24.86	
March,	30.3	
April,	25.8	27.86
May,	29.7	
June,	28.0	
July,	29.8	28.02
August,	26.4	
September,	27.86	
October,	27.4	24.81
November,	22.76	
December,	24.29	

Source of cases admitted:—

From Ante-natal Clinic at Russell Institute,	527
From Medical Practitioners:—	
Emergency Cases,	114
Booked Cases,	174
Total,	815

Ante-Natal Clinic at Barshaw Hospital (cases referred by doctors).

Number of patients for consultation only,	12
Number of patients for future confinement,	234
Number of consultations with these booked cases,	1888
Total number of consultations,	1900
Number of Consultants' Visits to Hospital,	30
Major operations,	15
Minor operations,	5
Consultations,	69

Receipts from patients during the year, 1936, £1,360 8s. 11d.

Ante-Natal Wards.

Number of cases admitted,	181
Number of maternal deaths,	1
Number of patients dismissed pregnancy continuing,	120
Number of patients delivered before dismissal,	61
Number of still-births,	11
Number of patients still in hospital,	2
Maternal mortality rate for patients treated in Ante-natal Wards (1 death),	0.55%
Maternal morbidity rate for cases delivered (4 cases),	6.55%
Maternal morbidity rate for cases with genital causes (0 cases),	0%
Still-birth rate for cases delivered (11 still-births),	18.03%
Neo-natal death rate for cases delivered (4 deaths),	6.55%

Ante-Natal Complications Treated in Hospital.

A.	Albuminuria,	14
	Albuminuria with œdema,	8
	Pre-eclampsia,	14
	Hyperemesis gravidarum,	8
	Toxaemia,	1
B.	Accidental Haemorrhage,	9
	Placenta Praevia,	1
C.	Contracted Pelvis,	16
	Breech (version),	9
D.	Pyelitis,	14
	Cystitis,	1
	Haematuria,	1
E.	Fimbrial Cyst,	2
F.	Cardiac disease,	7
	Diabetes,	1
	Epilepsy,	1
	Debility,	18
	Hydramnios,	1
	Pulmonary tuberculosis,	2
	Pruritis,	1
	Pseudocyesis,	1
	Varicose Veins,	3
	Oedema,	6
G.	For Observation,	8
	Injury,	1
H.	False Labour,	33
	Total,	181

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Albuminuria.	Responded to treatment, urine cleared—dismissed pregnancy continuing,	6
Nos. 62, 390, 720.	Improved. Later normal delivery. N.P., child alive mature,	3
Nos. 251, 225.	Improved. Normal premature delivery, child alive premature. N.P.,	2
No. 14.	Improved. Later forceps delivery for delayed 2nd stage. Child alive mature. N.P.,	1
Nos. 769, 228	Improved slowly, later complete abortion. Urine cleared. Dismissed well,	2
Albuminuria with œdema.		
Nos. 291, 207, 192,	Improved—urine cleared, œdema gone, dismissed pregnancy continuing,	6
809, 714, 87.	Improved—later normal delivery. Child alive mature. N.P.,	2
Pre-eclampsia.		
Nos. 340, 569, 522, 420.	Cleared—dismissed pregnancy continuing.	4
Nos. 516, 514, 513, 303, 628.	Improved—later normal premature delivery N.P. child premature, macerated.	5
No. 214.	Improved slowly, very anæmic. Later forceps delivery, child alive mature. Febrile puerperium notified,	1
Nos. 691, 760.	Improved—spontaneous delivery of twins—alive mature. N.P.,	2
No. 781.	Improved—normal premature delivery. Child alive premature. N.P.,	1
No. 615.	Improved—delivered later Breech with extended legs. Child mature, still-born. N.P.,	1
Hyperemesis Gravidarum.	Improved, dismissed well, pregnancy continuing,	8
Toxæmia. No. 793.	Very toxic on admission—improved. Premature delivery. N.P. Child alive very premature, died later,	1
Accidental Hæmorrhage.	Hæmorrhage arrested, dismissed pregnancy continuing,	3
No. 265.	Hæmorrhage at term. Breech delivery. Child alive, premature. N.P.,	1
No. 430.	Hæmorrhage at term, normal premature delivery. Child alive. N.P.,	1
Nos. 558, 182, 787.	Hæmorrhage at term, normal delivery. N.P. Child premature, still-born,	3

Ante-natal treatment—Continued.

Condition.	Result.	No.
No. 257.	Hæmorrhage before admission. No bleeding while in hospital, later normal delivery. Sudden collapse 1 hour after delivery. Obstetric shock and acute cardiac dilatation. Patient died. Child alive mature, ...	1
Placenta Prævia.	Slight hæmorrhage. Central placenta prævia. Classical Cæsarean Section. Child alive, premature, ...	1
Contracted Pelvis.	Observation—contracted pelvis, later Cæsarean Section. N.P. Child alive mature, ...	6
Nos. 85, 455.	Contracted pelvis. Membranes ruptured artificially. Normal delivery. Child alive mature. Puerperium febrile notified, ...	2
Nos. 548, 566, 517, 491, 189.	Observation—contracted pelvic. Later normal delivery. N.P. Child alive mature, ...	5
Contracted Pelvis.	Observation—contracted pelvis, later forceps delivery. Child mature, still-born. N.P.,	1
Nos. 670 and 80.	Observation—contracted pelvis, head fixed—re-admitted normal delivery. Child alive, mature. N.P., ...	2
Breech (Version).	Version (external) under general anæsthetic—successful,	6
	unsuccessful,	2
No. 699.	Spontaneous Version, ...	1
Cystitis. No. 66.	Improved—dismissed pregnancy continuing,	1
Pyelitis.	Improved—dismissed pregnancy continuing,	12
No. 336.	No improvement, became toxic, membranes ruptured artificially. Delivered of twins. N.P. Both twins died, ...	1
No. 731.	Improved—later normal premature delivery. N.P. Child alive premature, ...	1
Hæmaturia. No. 115.	Improved—dismissed pregnancy continuing,	1
Fimbrial Cysts.	Cysts removed at operation. Rapid recovery. Dismissed well, pregnancy continuing, ...	2
Cardiac Disease. No. 371.	Improved with prolonged rest. Later normal premature delivery with considerable hæmorrhage. Child premature, still-born. N.P., ...	1
No. 99.	Improved with prolonged rest—later classical cæsarean section with sterilisation. Child alive, mature. N.P., ...	1
Cardiac Disease. No. 389.	Improved with rest, later normal delivery. Child alive, mature. Puerperium febrile notified.	1
No. 12.	Improved with prolonged rest, later premature labour, forceps delivery. Child premature, still-born. N.P., ...	1
Nos. 122, 261.	Improved with prolonged rest. Dismissed pregnancy continuing.	2

Ante-natal treatment—Continued.

Condition.	Result.	No.
No. 363.	Cardiac disease complicated by albuminuria, Improved with rest and treatment, later complete abortion. Puerperium prolonged,	1
Diabetes.	Slightly improved, later normal premature twin delivery. Both alive premature. N.P.,	1
Debility.	Improved—dismissed pregnancy continuing.	16
Nos. 470, 544.	Improved—later normal delivery. Child alive. N.P.,	2
Epilepsy.	Several fits, later normal delivery. N.P.	
No. 688.	Child alive, mature,	1
Hydramnios.	Membranes ruptured artificially, delivered as	
No. 591.	breech, child premature anencephalic. N.P.,	1
Pulmonary Tuberculosis.	General condition very poor, improved with treatment, later normal delivery. Child	
Nos. 596, 704.	alive, mature. N.P.,	2
Pruritis.	Improved with treatment and diet, dismissed	
No. 247.	pregnancy continuing,	1
Pseudocyesis.	Uterus normal in size. Abdominal distension	
No. 25.	subsided,	1
Varicose Veins.	Improved with rest—dismissed pregnancy con-	
Nos. 92, 57.	tinuing,	2
No. 815.	Improved, later normal delivery, child alive, mature. N.P.,	1
Oedema.	Quickly subsided with rest, later twin	
No. 554.	delivery. Placenta adherent removed manually under general anæsthetic. Twins mature, alive. N.P.,	1
No. 571.	Quickly subsided with rest, later normal delivery. Child alive, mature. N.P.,	1
Nos. 732, 79, 154, 484.	Oedema quickly subsided. Dismissed pregnancy continuing,	4
For observation.	Improved—dismissed well Pregnancy continuing,	4
No. 451.	Not pregnant.	1
No. 157.	Death of foetus, later normal delivery. Child premature, still-born. N.P.,	1
No. 796.	Admitted with acute pain in right side. To P.R. normal, pain subsided, later complete abortion. N.P.,	1
No. 434.	?hæmoptisis. No bleeding after admission. No evidence of pulmonary tuberculosis. Dismissed pregnancy continuing.	1
Injury.	No bruising—improved later. Normal delivery.	
No. 270.	child alive, mature. N.P.,	1
False labour.	Dismissed pregnancy continuing,	33
	Total,	181
Number of Deaths,		1
	Total,	1

ABORTIONS.

Type.	Result.	No.
Inevitable on	Completed naturally. N.P., ...	11
Admission.	Completed naturally; puerperium febrile notified (B.M.A. standard), ...	1
Threatened.	Hæmorrhage ceased—dismissed pregnancy continuing, ...	5
Complete Abortion following ante-natal treatment.		
Nos. 228, 769.	Albuminuria, later complete abortion, N.P.,	2
No. 363.	Cardiac condition, later complete abortion. N.P., ...	1
No. 796.	Observation, later complete abortion, N.P.,	1
Incomplete Abortion.	Completed by manual removal of adherent placenta, ...	5
	Total, ...	26

Maternal deaths following abortion, ...	0
Puerperal Morbidity following abortion, ...	1
Notifiable Pyrexia following abortion, ...	0

NATAL CASES.

Total number of deliveries, ...		655
Full term, ...	619	
Premature (including 8 sets of twins), ...	37	
Abdominal Section and non-viable child, ...	0	
Number of Abnormal Deliveries, ...		102
Forceps (39), ...	38.6%	
Cæsarean Section (13), ...	12.8%	
Death rate for abnormal deliveries (2),	1.9%	

ABNORMAL DELIVERIES.

Causes:—

A.	Albuminuria in twin pregnancy,	3
	Accidental haemorrhage,	9
	Placenta Praevia,	2
	Eclampsia (intra-partum),	2
	Toxaemia,	2
B.	Contracted pelvis requiring Cæsarean Section,	12
	Contracted pelvis requiring forceps delivery,	5
	Protracted labour requiring forceps delivery,	32
	Contracted pelvis with prolapsed cord (forceps delivery),	2
C.	Breech presentation,	14
	Shoulder presentation,	1
	Hydrocephalus,	1
	Anencephaly,	2
	Meningocele,	1
	Prolapsed cord,	1
	Twin pregnancy,	8
D.	Cardiac Disease,	4
E.	Abnormal third stage in spontaneous delivery of child,	1
	Total,	102

DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Albuminuria in Twin pregnancy. Nos. 760, 691, 280.	Albuminuria cleared quickly, twin pregnancy, second sac ruptured artificially, spontaneous delivery. Both alive. N.P., ...	3
Accidental Hæmorrhage. Nos. 24, 452, 265, 430.	Admitted in labour—considerable amount of hæmorrhage. Normal delivery. Child alive, mature. N.P., ...	4
Nos. 10, 558, 182, 787.	Admitted in labour, general condition poor, considerable hæmorrhage. Normal delivery. Child mature, still-born (no foetal heart on admission). N.P., ...	4
No. 257.	In ante-natal ward, had hæmorrhage pre-admission — albuminuria — condition improved. Normal delivery—sudden collapse 1 hour later. Acute cardiac dilatation and obstetric shock, patient died. Child alive, mature, ...	1
Placenta prævia. No. 83.	In ante-natal ward, slight bleeding. Central placenta prævia—classical cæsarean section. Child alive, premature. N.P., ...	1
No. 509.	Admitted in labour, considerable amount of hæmorrhage, central placenta prævia. Had been examined several times in home. Bipolar version. N.P. Child mature, still-born, ...	1
Eclampsia. No. 519.	In labour, had two convulsions, forceps applied. Child alive, mature. N.P..	1
No. 577.	In labour, one convulsion, spontaneous delivery. Child alive, mature. N.P., ...	1
Toxæmia. No. 793.	Ante-natal. Profound toxæmia, membranes ruptured artificially, breech delivery. N.P. Child alive, premature, ...	1
No. 336.	Ante-natal, profound toxæmia with pyelitis, Membranes ruptured artificially, twin pregnancy, spontaneous delivery, improved quickly, infants alive, premature, died later. N.P., ...	1
Contracted Pelvis. Nos. 43, 179, 627.	Trial labour—later lower uterine section. Child alive, mature. N.P., ...	3
No. 601.	In ante-natal ward, albuminuria, later repeat section with sterilisation. Child alive, mature. Puerperium febrile notified—Bronchitis, ...	1
No. 307.	Observation—contracted pelvis—later trial labour, lower uterine section. Child alive, mature—puerperium febrile post operative reaction. Notified P.P. and B.M.A., ...	1

Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 229.	Trial labour, later lower uterine section. Child mature, alive. Thrombo-phlebitis (notified P.P. and B.M.A.).	1
	Classical Cæsarean Sections with sterilisation. Child alive, mature. N.P..	6
	In labour—slow dilatation, difficult delivery by forceps, slight contraction at outlet. Child mature, still-born. N.P.,	3
No. 664.	Slight contraction of pelvis, forceps delivery. Child mature, alive. N.P.,	1
No. 123.	In labour—failed forceps at home, head remained very high, difficult forceps delivery. N.P. Child alive, mature,	1
No. 592.	In labour, slight contraction of pelvis, cord prolapsed, forceps delivery. Child alive, mature. N.P.,	1
No. 95.	In labour, cord prolapsed, head very high, pelvis contracted, forceps delivery. N.P. Child post-mature, still-born,	1
Protracted labour.	Forceps delivery for delayed second stage.	32
Breech presentation.	In labour, primipara—Breech with extended legs, delivered under general anæsthetic.	
Nos. 19, 531, 492, 445.	Child mature, alive. N.P.,	4
Nos. 352, 351, 121, 423.	In labour, breech delivery. Child alive, mature. N.P.,	4
No. 490.	In labour. Breech with extended legs and arms, delivered under general anæsthetic. Child alive, mature. N.P..	1
No. 479.	In labour. Breech delivery, placenta came with child. Slight post-partum hæmorrhage. Child mature, still-born (no foetal heart on admission). N.P.,	1
No. 801.	External version under general anæsthetic unsuccessful—re-admitted delivered as breech with extended legs. Child alive, mature. N.P.,	1
No. 303.	Albuminuria—external version unsuccessful, delivered as breech. Child mature, macerated. N.P.,	1
No. 615.	Albuminuria—delivered as breech with extended legs under general anæsthetic, difficulty with head. Child mature, still-born. N.P.,	1
No. 591.	Ante-natal-hydramnios—delivered as breech. Child mature, anencephalic, still-born. N.P.,	1

Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
Shoulder Presentation. No. 527.	In labour. Shoulder presenting prolapsed right-hand. Bi-polar version under general anæsthetic. Child mature, alive. N.P., ...	1
Hydrocephalus. No. 416.	In labour—failed forceps at home, head perforated, manual removal. Placenta adherent, removal manually. Patient died. Pelvic peritonitis, ...	1
Anencephalic. Nos. 393, 153.	In labour. Manual removal of anencephalic child. Child mature, still-born. N.P., ...	2
Meningocele. No. 205.	In labour, slow dilatation, meningocele, obstructing labour, punctured, later manual Removal of child under general anæsthetic. Child mature, still-born. N.P., ...	1
Prolapsed Cord. No. 424.	In labour, cord prolapsed on admission—no pulsation—later normal delivery. Child mature, still-born. N.P., ...	1
Twin pregnancy. No. 554.	In ante-natal ward, observation, later spontaneous delivery of twins, placenta adherent removed manually. Both infants mature, alive. N.P., ...	1
No. 583.	Ante-natal treatment—diabetes, spontaneous delivery of twins. Both alive, premature, died later. N.P., ...	1
Nos. 113, 665, 460, 180, 776, 749.	In labour—spontaneous delivery of twins. N.P. Infants alive, premature, ...	6
Cardiac Disease. No. 371.	Prolonged ante-natal treatment later in labour —considerable bleeding before delivery—normal delivery—later collapsed—puerperium prolonged. Child premature, still-born,	1
No. 99.	Ante-natal treatment—later classical Cæsarean Section with sterilisation. N.P. Child alive, mature, ...	1
No. 389.	Ante-natal treatment, later normal delivery, puerperium febrile, pyelitis (notified P.P.). Child alive, mature, ...	1
No. 12.	Ante-natal treatment—forceps delivery. Child very premature, still-born. N.P., ...	1
Abnormal 3rd stage in spontaneous delivery. No. 52.	In labour—general condition very poor—normal delivery—placenta adherent, removed manually—later pelvic cellulitis—died suddenly of pulmonary infarction—due to septic embolism. Notified P.P. Child alive, mature,	1
	Total, ...	102

Number of Spontaneous Deliveries,		554
Number of spontaneous deliveries at which medical assistance was not required,		458
Number of spontaneous deliveries at which medical assistance was required,		96
Number of deaths following spontaneous delivery,		1

Conditions requiring medical assistance at spontaneous deliveries:—

Anæsthesia—2nd stage,	7
Anæthesia for head and perineal repair,	4
Episiotomy,	9
Perineal repair,	74
Rupturing 2nd sac. in twin pregnancy,	2
Total,	96

Total number of cases of twins,		12
Full term,	4	
Premature,	8	
Live infants,	24	
Still-born,	0	
Spontaneous delivery of both,	10	
Rupturing of 2nd sac.,	2	

Total number of infants born,		668
Live infants,	629	
Still-born infants,	39	

Causes of still-births:—

Placenta praevia (no foetal heart on admission),	2
Accidental haemorrhage,	6
Albuminuria,	10
Breech—primipara—difficult delivery,	1
Forceps delivery—occiput posterior,	3
Cord round child's neck,	2
Prematurity,	2

Prolapsed cord,		2
Anencephalic,		6
Hydrocephalic,		3
Unknown (no foetal heart on admission),		2
Total,		39

Number of Deaths of Infants under 8 days (neo-natal deaths),		20
Albuminuria in mother,	3	
Diabetes in mother,	1	
Toxæmia of mother,	3	
Congenital debility,	6	
Prematurity,	7	
Total,	20	

Still-birth rate for total number of infants born (39 in 668 births),	5.83%
Neo-natal death rate for total number of infants born (20 in 629 live births),	3.17%
Maternal mortality rate for total number of admissions (3 deaths in 815 admissions),	0.37%
Maternal mortality rate per 1,000 live births (3 deaths in 629 live births),	4.77%
Maternal morbidity rate for total number of deliveries (15 cases),	2.28%
Maternal Morbidity rate for normal deliveries (8 cases),	1.44%
Maternal morbidity rate for normal deliveries from genital causes only (3 cases),	0.54%
Maternal morbidity rate for abnormal deliveries (7 cases),	6.8 %
Maternal morbidity rate for abnormal deliveries from genital causes only (3 cases),	2.8 %

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard) — temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever,	0
Number of cases of puerperal morbidity (B.M.A. standard), Total,	16
Number of cases of puerperal morbidity following normal delivery,	8
Number of cases of puerperal morbidity following abnormal delivery,	7
Number of cases of puerperal morbidity following abortion,	1

Classification of causes.

(1) Extra-genital causes,	10
(2) Genital causes following normal deliveries,	3
(3) Genital causes following abnormal deliveries,	3

Extra-genital causes.

Engorged breasts,	1
Influenzal cold,	3
Post operative reaction with bronchitis,	3
Pyelitis,	1
Serum reaction,	2
Total,	10

Genital Causes in normal deliveries.

Mild sapræmia,	2
Thrombophlebitis,	1
Total,	3

Genital Causes in abnormal deliveries.

Mild sapræmia following forceps delivery,	1
Pelvic cellulitis following manual removal of placenta,	1
Thromo-phlebitis following Cæsarean Section,	1
Total,	3

Number of cases of puerperal morbidity notified as puerperal pyrexias, ... **12**

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES FOLLOWING NORMAL DELIVERIES.

Nos. 177 and 256.	Admitted in labour; normal delivery. Temperature elevated on 3rd day. Piece of membrane expelled, temperature settled, mild sapræmia. Dismissed well on 18th day, ...	2
No. 742	Admitted in labour; normal delivery. Temperature elevated on 8th day; developed thrombo-phlebitis of left leg. Dismissed well on 57th day, ...	1
	Total, ...	3

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES FOLLOWING ABNORMAL DELIVERIES.

No. 666.	Admitted in labour—forceps delivery for delayed second stage—temperature elevated on 5th day—piece of membrane expelled. Temperature settled. Mild sapræmia. Dismissed well on 28th day, ...	1
No. 52.	Admitted in labour — normal delivery — placenta adherent removed manually—pelvic cellulitis—died suddenly with pulmonary infarction on 22nd day, ...	1
No. 307.	Ante-natal—observation—contracted pelvis—later trial labour—lower uterine section. Temperature elevated on 8th day. Thrombo-phlebitis. Dismissed well on 60th day, ...	1
	Total, ...	3

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS (Scotland), 1932.

In these regulations the standard of pyrexia is defined as 100.4 degrees Fahrenheit continuing for 24 hours during the first twenty-one days after delivery or recurring during that period.

Total number of cases of puerperal pyrexia, ...		12
Number of cases following normal deliveries, ...	7	
Number of cases following abnormal deliveries,	5	

Classification of Causes:—

(1)	Extra-genital causes, ...	6
(2)	Genital causes following normal deliveries,	3
(3)	Genital causes following abnormal deliveries	3

Extra-genital Causes:—

Engorged breasts,	1
Influenza,	2
Post operative reaction,	2
Pyelitis,	1
Total,	6

Genital Causes following Normal Deliveries:—

Sapræmia,	2
Thrombophlebitis,	1
Total,	3

Genital Causes following Abnormal Deliveries:—

Sapræmia,	1
Pelvic cellulitis,	1
Thrombophlebitis,	1
Total,	3

DETAILS OF CASES WITH GENITAL CAUSES IN NORMAL AND ABNORMAL DELIVERIES.

See particulars under Maternal Morbidity.

POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Born before arrival. No. 458.	Forceps delivery at home—complete tear—repair done in hospital. N.P.,	1
Nos. 54, 35, 103, 378, 612, 611, 426, 176, 810, 737.	Child born at home, admitted to hospital later. Placenta and membranes delivered in hospital. N.P.,	10
No. 530.	Child born at home, admitted to hospital as ? second child—large fibroid of uterine—dismissed to have fibroid removed later. Puerperium febrile, not notifiable.	1
No. 762.	Child born at home, admitted to hospital as post-partum hæmorrhage. No bleeding after admission. N.P.,	1
	Total,	13

MATERNAL DEATHS AT BARSHAW HOSPITAL.

Deaths at Barshaw Hospital, ...	3
Emergency cases, ...	1
Admitted in labour (had been attending ante-natal clinic), ...	1
Ante-natal case, ...	1

Details of Maternal Deaths at Barshaw Hospital.

Pelvic peritonitis. No. 416.	Admitted in labour—failed forceps at home. Febrile on admission, pulse poor, had rigor before delivery. Head of child punctured and manual removal of hydrocephalic child, 19 hours after admission, when os fully dilated. Placenta adherent removed manually. No elevation of temperature after delivery. Persistent vomiting—some abdominal pain, tenderness and distension on first day of puerperium—pelvic peritonitis developed died on 3rd day of puerperium, ...	1
Pulmonary embolism. No. 52.	Admitted in labour, general condition very poor, anæmic, and very septic mouth. Normal delivery. Placenta adherent removed manually. Temperature elevated on 6th day of puerperium — frequent rigors — pelvic cellulitis—pus drained per vagina—general condition improved—suddenly became very ill—great pain in chest with some friction —pulmonary infarction due to septic embolism—because comatose—died on 22nd day of puerperium, ...	1
Obstetric shock. No. 257.	Admitted to ante-natal ward as accidental hæmorrhage. No bleeding after admission, general condition poor, albuminuria, blood pressure raised. Normal delivery later, patient very well. Sudden collapse 1 hour after delivery—recovered slightly—collapsed again 30 minutes later—no uterine hæmorrhage. Died 1 hour 35 minutes after delivery. Obstetric shock with cardiac dilatation, ...	1
	Total, ...	3

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for the Year 1936.

CHILDREN'S WARD.

Number of admissions during 1936:—

Medical cases,	50
Surgical cases,	220

Source of cases:—

Recommended from Child Welfare Clinic,	204
Recommended by Doctors,	31
Transferred from Maternity Wards (on mother's discharge from hospital),	25
Admitted with mother,	10

Average daily number in residence:—

January,	7.9	8.33
February,	9.29	
March,	7.8	
April,	6.7	8.1
May,	9.0	
June,	8.6	
July,	7.06	4.96
August,	3.13	
September,	4.7	
October,	5.8	6.12
November,	6.2	
December,	6.38	

Average period of residence:—

Medical cases,	12.8 days.
Surgical cases,	6.6 days.

Age periods of children admitted:—

Medical Cases, 50.		Surgical Cases, 220.	
0-1,	50	0-1,	36
1-2,	0	1-2,	23
2-3,	0	2-3,	30
3-4,	0	3-4,	47
4-5,	0	4-5,	84

Medical cases admitted:—

Condition.	Result.	No.
Born before arrival,	Dismissed well,	10
Born before arrival,	Died,	1
Debility,	Dismissed well,	3
Debility,	Died,	1
Enteritis,	Died,	2
Marasmus,	Died,	1
Meningocele,	Died,	2
Melæna neonatorum,	Dismissed well,	1
Melæna neonatorum,	Died,	1
?Pyloric Stenosis,	Dismissed well,	1
Otitis media and toxic absorption	Died,	1
Prematurity,	Dismissed well,	11
Prematurity,	Died,	1
Injury at birth,	Dismissed well,	1
Vomiting,	Dismissed well,	5
Sore buttocks,	Dismissed well,	2
Discharging eyes,	Dismissed well,	1
	Total,	50

Deaths in Medical Ward:—

Born before arrival,	1
Entiritis,	2
Marasmus,	1
Meningocele,	2
Otitis Media and toxic absorption,	1
Melæna neonatorum,	1
Debility,	1
Prematurity,	1
Total,	10

Surgical cases admitted,		220
Patients operated on,	208	
Patients not operated on,	10	
Unfit for operation,	2	
Operation not necessary,	8	
Total,	10	

Deaths in Surgical Ward:—

Tuberculous adenitis—gland excised—improved —died later—acute miliary tuberculosis, ...	1
Tonsillectomy — child died under general anæsthetic, ...	1
Herniotomy—died following day. Autopsy— delayed chloroform poisoning, ...	1
Total, ...	3

Total number of Surgical Operations, ... 230

Number of operations on indoor patients,	208
Number of operations on outdoor patients,	22

Conditions operated on:—

Amputation of Supernumary finger, ...	1
Aspiration of tuberculous abscess, ...	3
Cervical adenitis, ...	2
Cervical adenitis (tuberculous), ...	2
Circumcision, ...	53
Herniotomy, ...	12
Hydrocele, ...	1
Isschio-rectal fistula, ...	1
Molluscum Contagiosum, ...	1
Nævus of abdominal wall, ...	1
Plastic operation for bifid nose, ...	1
Plasters, ...	6
Removal of warts, ...	2
Tonsils and adenoids, ...	139
Tag of tonsil removed, ...	1
Tongue tie, ...	3
Torsion of cord, ...	1
Total, ...	230

Number of Consultations with Surgical Specialist, ... 28

Number of children transferred from hospital with infectious disease.		3
Scarlet fever, ...	1	
Measles, ...	1	
Measles for observation, ...	1	
Total, ...	3	

INFECTIOUS DISEASES.

1.—Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December, 1936.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.									
	At all Ages.	Under 1.	1 and Under 5.	5 and Under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Cases removed to Hospital.	Cases not removed to Hosp'l
	1	2	3	4	5	6	7	8	9	10
A.—Diseases specified in the Infectious Disease (Notification) Act, 1889, and Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Typhoid or Enterio Fever, ...	8	—	—	—	6	1	1	—	8	—
Typhus Fever, ...	—	—	—	—	—	—	—	—	—	—
Smallpox, ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever or Scarlatina, ...	244	4	94	120	11	11	3	1	223	21
Diphtheria and Membranous Croup,	340	7	88	197	22	23	2	1	337	3
Erysipelas, ...	67	—	2	5	3	17	27	13	42	25
Puerperal Fever, ...	4	—	—	—	1	3	—	—	4	—
Cholera, ...	—	—	—	—	—	—	—	—	—	—
Relapsing Fever, ...	—	—	—	—	—	—	—	—	—	—
Continued Fever, ...	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum,	15	15	—	—	—	—	—	—	4	11
Infective jaundice,	—	—	—	—	—	—	—	—	—	—
Malaria, ...	1	—	—	—	—	1	—	—	1	—
Dysentery, ...	73	7	33	16	8	5	4	—	72	1
Acute poliomyelitis,	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica,	—	—	—	—	—	—	—	—	—	—
Acute primary, pneumonia, ...	448	89	136	52	31	42	43	55	289	159
Acute influenzal pneumonia, ...	4	—	—	1	—	1	1	1	1	3
Puerperal Pyrexia,	29	—	—	—	4	25	—	—	27	2
Plague, ...	—	—	—	—	—	—	—	—	—	—
Cerebro - spinal fever, ...	5	3	1	—	1	—	—	—	5	—
Pulmonary Tuberculosis, ...	89	—	1	6	26	33	22	1	*76	13
Non - pulmonary Tuberculosis, ...	42	1	5	20	5	9	2	—	*36	6
Total,	1369	126	360	417	118	171	105	72	1125	244

* 7 Cases notified in a previous year and removed to hospital for the first time during 1936.

B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.

Pneumonia (not otherwise notifiable), ...	108	19	72	14	2	1	—	—	90	18

C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1889.

Measles, ...	1598	53	624	917	3	1	—	—	110	1488
Whooping Cough, ...	484	43	224	216	—	1	—	—	58	426
Mumps, ...	611	4	84	510	4	8	1	—	—	611
Chickenpox, ...	351	7	53	291	—	—	—	—	1	350

II.—State Name of Hospital or Hospitals in which Cases were Treated.

Infectious Diseases Hospital, Paisley; Gockston Hospital (Sanatoria), Paisley; Craw Road Sanatorium, Paisley; Sanatoria of Scotland, Bridge of Weir; Craw Road Hospital (Pneumonia), Paisley; Royal Alexandra Infirmary (Pneumonia), Paisley; Woodside House (Pneumonia), Paisley; Barshaw Maternity Hospital (Puerperal Pyrexia), Paisley.

III.—Venereal Disease.

Note.—As hitherto, a report on the work of each treatment centre is to be given on Form V.R. 1, which will be issued separately.

FREE SUPPLY OF ARSENOBENZENE COMPOUNDS TO GENERAL PRACTITIONERS.

1. Number of doses issued to general practitioners in 1936, ... 219

2. Number of general practitioners to whom supplies were issued in the year, ... 12

Tuberculosis — Statistical Returns, 1936.

I.—Return of Cases of Tuberculosis notified during the year.

	Number of Cases notified as Suffering from Tuberculosis.								Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.		
	AGE—GROUPS.										
	1	2	3	4	5	6	7	8	9	10	11
	Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.	Under 15.	15 and upwards.
	1	2	3	4	5	6	7	8	9	10	11
Pulmonary—											
Males,	—	1	4	11	8	11	12	—	47	5	42
Females,	1	—	1	15	9	5	10	1	42	2	40
Non-pulmonary,											
Males,	5	6	4	3	5	1	1	—	25	14	8
Females,	1	4	6	2	2	1	1	—	17	11	6

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year.

	NUMBERS OF PATIENTS.					
	In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.		In Institutions on December 31.
	1	2	3	4	5	6
Pulmonary—						
Adults,						
Males, ...	21	52	40	9	5	19
Females, ...	25	60	53	7	5	20
Children,						
Males, ...	1	6	—	—	—	7
Females, ...	4	5	3	1	1	4
Non-pulmonary,						
Adults,						
Males, ...	3	8	5	3	1	2
Females, ...	2	8	6	—	—	4
Children,						
Males, ...	8	9	6	—	1	10
Females, ..	2	5	4	—	—	3
Total, ...	66	153	117	20	13	69

III.—Return of Number of Persons Resident in the Area at 31st December, 1936, who were known to be suffering from Tuberculosis

		Number of Cases in Age Groups.								
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
Pulmonary.										
Sputum not present, ...	M.	1	2	4	11	4	1	6	—	29
	F.	—	2	6	8	7	7	1	—	31
Sputum present but not examined, ...	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Sputum examined and tubercle bacilli found,	M.	—	—	1	14	17	13	11	—	56
	F.	—	—	2	18	13	4	6	—	43
Sputum examined and tubercle bacilli never found, ...	M.	—	—	6	8	22	17	20	3	76
	F.	—	1	4	15	22	11	14	2	69
		1	5	23	74	85	53	58	5	304
Non-Pulmonary.										
Abdominal, ...	M.	4	6	9	8	2	—	1	—	30
	F.	3	6	6	11	3	2	1	—	32
Spine, ...	M.	—	4	2	1	2	1	—	—	10
	F.	1	2	—	—	2	1	1	—	7
Bones and Joints (exclusive of Spine), ...	M.	3	8	10	14	5	1	1	—	42
	F.	2	5	7	9	3	—	—	—	26
Superficial Glands, ...	M.	5	12	13	8	3	4	1	—	46
	F.	4	11	9	13	4	1	—	—	42
Lupus, ...	M.	—	—	1	—	—	—	—	—	1
	F.	—	—	0	—	2	—	—	—	2
Other parts or organs, ...	M.	2	3	2	4	2	—	5	1	19
	F.	1	2	3	3	2	1	3	—	15
		25	59	62	71	30	11	13	1	272
ulmonary and Non-Pulmonary Total, ...		26	64	85	145	115	64	71	6	576

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis, ...	27	25	8	5
Of whom—				
Not notified or notified only at or after death, ...	2	4	3	3
Notified less than 1 month before death, ...	2	4	2	1
Notified from 1 to 3 months before death, ...	3	3	1	—
Notified from 3 to 6 months before death, ...	4	—	—	—
Notified from 6 to 12 months before death, ...	2	2	1	—
Notified from 1 to 2 years before death, ...	7	5	—	—
Notified over 2 years before death,	7	7	1	1
Number who died within 28 days after discharge from an institution, ...	4	2	—	—
Number who died more than 28 days after discharge from an institution.	5	1	—	—

INFECTIOUS DISEASE — OTHER THAN TUBERCULOSIS.

SUMMARY.

	1936.
Number of visits of enquiry, ...	7,851
Patients removed to Hospital, ...	1,162
Patients removed to Reception House, ...	—
Notices served under Section 50 (2), P.H.S.A., ...	3,118
Notices served under Section 53 (2). P.H.S.A., ...	3,118
Notices served to School Teachers, etc., ...	7,853
Houses, etc., Disinfected, ...	1,135
Sets of Clothing removed for Disinfection.	951
Articles of Clothing Disinfected.	10,734

TUBERCULOSIS.

SUMMARY.

	1936.
Number of visits of enquiry.	1,299
Average number of cases under observation.	617
Houses, etc., Disinfected.	96
Sets of Clothing removed for Disinfection or for Destruction, ...	152
Articles of Clothing removed for Disinfection or for Destruction.	3,202

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1936.

Estimated Population, 1936, . 89,975.

Numbers.		Rates per 1,000 of Estimated Population.	
	1936.		1936.
Births (corrected for transcripts).	1,694	Birth Rate (corrected for transcript).	18.8
Do. Illegitimate (corrected for transcripts), ...	58	Illegitimate Birth Rate. ...	3.4
Marriages (uncorrected), ...	753	Marriage Rate (uncorrected).	8.4
Deaths (uncorrected) ...	1,217	Death Rate—	
Do. (transferred out). ...	157	(uncorrected).	13.5
Do. (transferred in). ...	116	(corrected for transfers).	13.1
Do. (corrected), ...	1,176	(corrected for transfers and adjusted for age and sex distribution, ...	14.2
		Phthisis (corrected) ...	0.60
		All Tuberculosis (corrected).	0.76
		Principal Epidemic Diseases.	0.76
		Infantile Mortality Rate	100

TABLE V.

Shewing the Number of Admissions, Discharges, and Deaths in connection with Auchentorlie House and Woodside House.

	Admitted.				*Discharged.*				*Died.*				*Remaining at 31st December.*			
	W.	B.	G.	Total.	W.	B.	G.	Total.	W.	B.	G.	Total.	W.	B.	G.	Total.
1910-1911	55	163	127	345	47	132	96	275	...	2	2	4	8	29	29	66
1912, ...	43	109	80	232	44	110	81	235	...	2	...	2	7	26	28	61
1913, ...	33	99	69	201	31	73	65	189	...	2	3	5	9	30	29	68
1914, ...	51	105	82	238	50	112	83	245	...	3	2	5	10	20	26	56
1915, ...	52	129	79	269	54	109	71	234	...	8	4	12	8	32	30	70
1916, ...	50	90	71	211	51	87	69	207	1	6	3	10	6	29	29	64
1917, ...	28	91	76	195	27	89	67	183	...	3	6	9	7	28	32	67
1918, ...	28	84	62	164	29	78	46	153	...	4	3	7	6	30	35	71
1919, ...	41	87	71	199	41	86	73	200	1	5	6	12	5	26	27	58
1920. ...	50	83	65	198	48	76	56	180	...	4	6	10	7	29	30	66
1921, ...	61	77	68	206	63	75	70	208	...	7	6	13	5	24	22	51
1922, ...	47	62	54	163	47	53	58	158	...	7	3	10	5	26	15	46
1923, ...	51	54	58	163	53	54	46	153	...	3	5	8	3	23	22	48
1924, ...	39	78	96	213	40	72	75	187	...	11	6	17	2	18	37	57
1925, ...	44	67	63	174	40	54	64	158	...	8	6	14	6	23	30	56
1926, ...	43	85	89	217	38	82	88	208	1	6	5	12	10	20	36	56
1927, ...	60	105	122	287	62	93	113	208	...	3	11	14	8	29	24	61
1928, ...	56	78	93	227	53	75	83	211	...	6	13	19	11	26	21	58
1929, ...	63	96	122	281	63	78	106	247	1	20	13	34	10	24	24	58
1930, ...	48	104	92	244	51	89	88	228	1	12	9	22	6	27	19	52
1931, ...	51	110	114	275	50	102	110	262	...	14	6	20	7	21	17	45
1932, ...	56	109	183	388	55	116	152	323	...	23	19	42	8	31	29	68
1933, ...	35	142	145	322	32	131	132	295	...	12	16	28	11	30	26	67
1934, ...	71	182	178	431	73	165	157	395	...	18	17	35	9	20	30	68
1935, ...	64	179	191	434	64	166	160	390	...	17	26	43	9	25	35	69
1936, ...	52	249	237	572	53	213	197	463	...	36	19	55	8	25	21	54